

Name \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_

**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 - Energy Assistance (EA)**

- **Send your application on or after Oct. 1st 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 on or after Nov. 1st if:** Your household doesn't include a person age 60 or over, or who is disabled.

**When to apply for LIHEAP - Energy Crisis Intervention Program (ECIP)**

- You can ask for Winter ECIP from November 1st - May 31st for elderly/disabled households and December 1st - May 31st for all other households.
- You can ask for Summer ECIP from June 1st - September 30th.

**How to apply for ECIP (Crisis)**

- If you are in crisis and have already applied for EA this program year (October - September), reach out to your local contracted agency for further assistance. If you need further information about ECIP, visit our website at: [www.mydss.mo.gov/utility-assistance](http://www.mydss.mo.gov/utility-assistance).
- If you are in crisis and have not applied for EA this program year (October - September), you will need to fill out the entire application.

**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, the agency will review it within 30 working days after they receive it.
- Department of Social Services will 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 or cooling bill so you don't get disconnected.
- When you pay your energy bill, send it to the utility company that sent you the bill, not 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. \* Indicates the field is required.

*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	SNAP? 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 - Household Information

- **Applicant's whose heating or cooling 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

## Part 4 - Utility Information

- DSS will only pay EA as a one-time payment towards one (1) fuel type per program year (October -September.)
- Indicate in the "Fuel Source For My Home" section below, the fuel type you are asking your EA payment to be paid towards if you are approved for benefits.

Fuel Source For My 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	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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 prepaid electric you have: _____	

- DSS will only pay EA benefits for the fuel type selected under the “Fuel Source For My Home” section above.
- Provide information in the “Additional Fuel Source For My Home” section below so that the contracted agency has the necessary information if you later ask for crisis funding.

**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 above 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 \_\_\_\_\_

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: \_\_\_\_\_

**Part 5 - If You Don’t Pay The Utility Company Directly**

Fill in this section if you don’t pay your energy bill directly to the utility company.

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 6 - 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? <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 7 - 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 8 - 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 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.

### 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 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.

### 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 SNAP 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 10 - 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 SNAP, 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, 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

**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)  
1322 N. 36th St.  
St. Joseph, MO 64506  
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, Ste. 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)  
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) 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) 886-7476 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 Dr. Martin Luther King JR. DR., 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