Missouri Department of Social Services FAMILY SUPPORT DIVISION

FCIP ONLY

Application for Financial Help to Heat or Cool Your Home

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Date Stamp

Agency Use Only

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 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?		\square No
Is anyone in your household disabled, as defined above?	\square Yes	\square 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 copayments.

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 for	rom home address)	City		State	Zip Code
County of Residence Email		Phone Number	Cell	Number	

MO 886-4576 (9-16) Page 1 of 5

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 12 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 condition, but does not have to state a diagnosis or condition.

Do you own your home or are you buying your home?	
Is your home all electric?	
Do you or a household member suffer from a life-threatening medical condition? \Box Y	
The type of furnace, wood stove, or heaters installed in your home determine what type of energy heats your hor	no For

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.

heat source would be electric because it's used to run the furnace blower.	
What primary (main) form of energy heats your home?	
☐ Natural Gas ☐ Tank Propane ☐ Electric ☐ Wood ☐ Cylinder Propane	☐ Fuel Oil ☐ Kerosene
Are you currently without a primary (main) heat source, because it got disconnected	or you're out of fuel? $\ \square$ Yes $\ \square$ No
Are you currently in threat of not having a primary (main) heat source, because it may on fuel? \square Yes \square No	ay be disconnected soon or you're low
If you answered yes to either question, please fill in the disconnection date or how nelectric you have:	nuch wood, propane, or pre-paid
List your main heat supplier's name	City
Whose name appears on the account?	Account Number

MO 886-4576 (9-16) Page 2 of 5

What <u>secondary</u> (<u>other</u>) f	form of energy heats your	home?		
☐ Natural Gas ☐ Tank	Propane	\square Wood \square Cylinder Pro	opane	Kerosene
Are you currently without	t a primary (main) heat sou	rce, because it got disconr	nected or you're out of fue	el? ☐ Yes ☐ No
Are you currently in three on fuel? \square Yes \square No	at of not having a primary (main) heat source, becaus	e it may be disconnected s	soon or you're low
If you answered yes to eit electric you have:	ther question, please fill in	the disconnection date or	how much wood, propane	e, or pre-paid
List your secondary suppl	ier's name		City	
Whose name appears on	the account?		Account Number	
Part 4 – If You Do	n't Pay the Utility	Company Directly	1	
Fill in this section if you do	n't pay your heating or coo	ling bill directly to the util	ity company.	
The account is in my Lanc	llord's name and I pay my I	_andlord for my heating.		□ Yes □ No
I live in subsidized housin	g or receive Section 8 and	my heat is included in my	rent.	☐ Yes ☐ No
Heating costs are included	d in my rent.			☐ Yes ☐ No
Cooling costs are included	d in my rent.			☐ Yes ☐ No
Landlord's Name			Phone Number	
Landlord's Address				
Part 5 – Income V	ou Earn or Pay Foi	Child Support		
	•			
If anyone in your househol	-	•		
 Fill in this section to sho has more than one job, 		rom tips, payments for sei	rvice, and wages for all job	is, even if someone
	nat show all gross income re taxes are withheld. If anyon, we may need proof of las	ne was employed in the la	st six (6) months, but did r	
List everyone in your hom	e age 18 or older who rece	eived income from a job la	st month. (Include all job	s.)
Name	Employer	How Often Paid?	Gross Pay	Still Employed?
			\$	
			\$	
			\$	
			\$	
Did anyong in the househ	old get income from self-e	mnlovmont last month?	1	☐ Yes ☐ No
	most recent Federal Incor		h self-employed person al	

MO 886-4576 (9-16) Page 3 of 5

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 so	meone outside of your household?	□Yes	□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:		\$	

MO 886-4576 (9-16) Page 4 of 5

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.

Туре	How Much?	Туре	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	ć
CDs, Annuities, and/or Money Markets	\$	Plans	۶

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.

1 1)) If your Linear application is deflied.	
2)) If your LIHEAP application is not reviewed timely.	
A re	quest for a hearing can be made in writing, by phone, by fax, or in-person.	
Paper	rs 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 o assistance from the Family Support Division (such as TANF or Food Stamps) or who got LIHEAP in need to send copies, unless the household member's name or social security number has changed.	past years will not
	Copies of utility and/or fuel bills for your primary (main) and secondary (other) fuel sources, inclu disconnection notices. The person listed on the fuel bill must be a member of the household who	o ,
Paper	rs 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 members who are active food stamp recipients do not need to provide proof of these incomes.	got it. Household
	Copies of the most recent Federal Income Tax Form 1040 for any household members who earne employment last month.	d money from self-
Par	t 9 – Your Consent for the LIHEAP Agency to Process (Review) This	Application
Read	t 9 — Your Consent for the LIHEAP Agency to Process (Review) This define the Consent for Processing in the box below and sign in blue or black ink. If you do not sign and tak, your LIHEAP application will not be processed.	• •
Read in in	d the Consent for Processing in the box below and sign in blue or black ink. If you do not sign and o	date the application rtment of Social my knowledge. I
Read in in I her Serv reali If an auth auth dete	d the Consent for Processing in the box below and sign in blue or black ink. If you do not sign and onk, your LIHEAP application will not be processed. Treby apply for assistance under the LIHEAP laws of the State of Missouri administered by the Departices (DSS). I declare that the information I have given is true, correct, and complete to the best of the state of t	rtment of Social my knowledge. I EAP agency. d Support, I hereby I hereby y fuel supplier to
Readin in	d the Consent for Processing in the box below and sign in blue or black ink. If you do not sign and onk, your LIHEAP application will not be processed. The procession of the State of Missouri administered by the Departures (DSS). I declare that the information I have given is true, correct, and complete to the best of the ize that the information which I have given on this application will need to be verified by the LIH and the process of the LIHEAP agency to use my Family Support Division (FSD) file to see if we qualify for LIHEAP agency and FSD to release information relating to my application for LIHEAP to meaning if I am eligible. I give permission to DSS to use information provided on this form for purpose.	rtment of Social my knowledge. I EAP agency. d Support, I hereby P. I hereby my fuel supplier to sees of research,
Readin in	d the Consent for Processing in the box below and sign in blue or black ink. If you do not sign and onk, your LIHEAP application will not be processed. Treby apply for assistance under the LIHEAP laws of the State of Missouri administered by the Departices (DSS). I declare that the information I have given is true, correct, and complete to the best of ize that the information which I have given on this application will need to be verified by the LIH may household member declared on my application is currently receiving Food Stamps, TANF, or Chil provide the LIHEAP agency to use my Family Support Division (FSD) file to see if we qualify for LIHEAP norize the LIHEAP agency and FSD to release information relating to my application for LIHEAP to me the ligible. I give permission to DSS to use information provided on this form for purposition, and analysis of the program. Identity the Consensation of the program is a provided on this form for purposition, and analysis of the program.	rtment of Social my knowledge. I EAP agency. d Support, I hereby P. I hereby my fuel supplier to sees of research,

MO 886-4576 (9-16) Page 5 of 5

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 N Business Highway 61

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

United Services Community Action Agency (USCAA) 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