

APPLICATION INSTRUCTIONS FOR MISSOURI'S LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Please read the instructions carefully. Answer every question and turn in the required documents or your application could be delayed or denied.

You should continue to pay your utility bill in order to avoid being disconnected or running out of bulk fuel such as propane, wood or pre-paid electric. Once your application has been processed you will receive a letter informing you if you are eligible for LIHEAP and if so, the benefit amount and name of your supplier.

ATTENTION APPLICANT: When making any required utility payments, pay only your utility provider. Agencies will not accept fees or utility payments under any circumstances.

Applications will be accepted beginning October 1 if any member of your household is age 60 and over or if any household member is disabled. Verification may be necessary. Any household not meeting these criteria may apply beginning November 1.

Use Blue or Black ink.

Part 1-Contact Information/Address Corrections

You must provide your current home address or make any necessary corrections if the home address on the application is not current. Also, if possible, please make sure to list a phone or message number. If we are unable to contact you by phone it may cause processing delays if there are questions concerning your application.

Part 2-Household Members

Completion of this section is required. List everyone living in the household starting with yourself. Complete the information in each box for every household member. If your household exceeds 5 members, please use the additional space provided on the back of the instruction sheet.

Part 3-Utility/Household Information

Complete this section and submit 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. If you are in disconnection threat, send a copy of your disconnection notice.

Your primary/main heat source is determined by the type of furnace, wood stove or heaters you use in your home. Example: If you have a natural gas furnace, your primary/main heat source would be natural gas. Electric would be your secondary/other heat source because it is used to run the furnace blower.

If you or someone in the household suffers from a life threatening condition, a medical statement from a qualified doctor or nurse is required. The letter does not have to include a diagnosis or condition, just a statement that a life threatening condition exists.

Part 4-Landlord Information

If your utility bill is in the landlord's name and/or you do not pay the utility company directly, complete this section.

Part 5-Earned Income & Allowable Deductions

Complete this section if anyone in the household has income from a job or self-employment. All income received from tips, payments for services, and wages should be reported for all jobs held; including when a household member has worked more than one job.

Provide documentation of all gross income received last month. Gross income is income received *before* taxes are withheld. (Example: If you are applying in the month of February, submit copies of all paystubs with pay dates in January.) Also, court ordered Child Support that is paid outside the household can be deducted. In order to receive this deduction, supply your 8-digit Child Support case number.

Part 6- Unearned Income

Complete this section if anyone in the household receives unearned income. This is income that does not come from a job or business. Provide documentation for all unearned income received last month.

Part 7- Resources

Declare all of your resources (assets). Please list the amounts of money you have in each type of account.

Part 8-Fair Hearing Notification

This section is for informational purposes only and does not require completion on the LIHEAP Application.

Part 9-Consent for Processing

Read the Consent for Processing and sign in ink. **Failure to sign and date the application in ink will prevent your LIHEAP application from being processed.**

Part 2- HOUSEHOLD MEMBERS

If your household exceeds 5 members, please complete this section and list the additional members here.

ADDITIONAL HOUSEHOLD MEMBERS FOR: _____
(Applicant Name) (Applicant SSN)

Name	Food Stamp Recipient Yes/No	Social Security Number	Birth Date	Relationship	Sex M/F	Race	US Citizen Yes/No

Items needed to avoid processing delays - (Always send copies; Do not send originals):

- Completed application that is signed and dated.
- Copies of Social Security cards for everyone in the household. *Household members receiving assistance from the Family Support Division or who received LIHEAP in previous years may not need to provide this proof unless a change has occurred.*
- Copies of utility and/or fuel bills including any disconnection notices.
- Proof of all earned & unearned income from last month for all household members that receive it. *Household members who are active food stamp recipients do not need to provide proof of these incomes.*