MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

ENERGY ASSISTANCE LANDLORD/RENTER DOCUMENTATION REQUEST

SECTION I

COUNTY	WORKER	DATE

APPLICANT NAME	SOCIAL SECURITY NO.

ADDRESS (NUMBER & STREET NAME, CITY, STATE & ZIP CODE)

THE ABOVE NAMED INDIVIDUAL HAS MADE APPLICATION FOR MISSOURI'S LOW INCOME HOME ENERGY ASSISTANCE PROGRAM. IN ORDER TO DETERMINE ELIGIBILITY AND THE AMOUNT OF BENEFITS TO BE PAID TO THE HOUSEHOLD, IT IS NECESSARY THAT WE HAVE THE INFORMATION REQUESTED BELOW. ENCLOSED IS A STAMPED, RETURN ENVELOPE FOR YOUR USE IN REPLY. PLEASE RETURN WITHIN FIFTEEN (15) D AYS.

LANDLORD'S NAME	PHONE NO.

ADDRESS

SECTION II (SECTIONS II AND III MUST BE COMPLETED BY LANDLORD)

1. IS THE ABOVE INDIVIDUAL LIVING IN THE PROPERTY AT THE ABOVE ADDRESS? ☐ YES ☐ NO

2. DO YOU LIVE IN A SEPARATE HOUSEHOLD FROM YOUR TENANT? ☐ YES ☐ NO

3. DO YOU RECEIVE A SECTION 8 OR RENTAL SUBSIDY ON BEHALF OF THIS TENANT OR FOR THE PROPERTY THIS TENANT LIVES IN? ☐ YES ☐ NO

4. IS THE TOTAL COST OF HOME HEATING NORMALLY INCLUDED IN THE TENANT'S RENTAL PAYMENT? ☐ YES ☐ NO
   IF YES, HAS THE TENANT MADE ANY EXTRA PAYMENTS FOR HEATING COSTS FOR NOVEMBER THROUGH MARCH DUE TO EXCESS USAGE? ☐ YES ☐ NO

5. DOES THE TENANT NORMALLY PAY FOR THEIR TOTAL HEATING COSTS IN A SEPARATE PAYMENT FROM THEIR RENT? ☐ YES ☐ NO

6. WHAT IS THE MONTHLY AMOUNT OF RENT ACTUALLY PAID BY THE TENANT? $ _____

7. PLEASE CHECK THE TYPE OF FUEL USED TO HEAT THE PROPERTY:

☐ NATURAL GAS ☐ ELECTRIC ☐ TANK PROPANE ☐ FUEL OIL ☐ WOOD ☐ COAL ☐ CYLINDER PROPANE

SECTION III

I UNDERSTAND THAT THE INFORMATION I HAVE PROVIDED CONCERNING THE ABOVE NAMED APPLICANT WILL BE UTILIZED BY THE COMMUNITY ACTION AGENCY TO ESTABLISH HIS/HER ELIGIBILITY FOR BENEFITS UNDER MISSOURI'S LOW INCOME HOME ENERGY ASSISTANCE PROGRAM.

I FURTHER ATTEST TO THE FACT THAT THE INFORMATION I HAVE PROVIDED CONCERNING THE ABOVE NAMED APPLICANT IS TRUE, ACCURATE AND COMPLETE AND THAT I MAY BE FINED, IMPRISONED OR BOTH UNDER THE FEDERAL OR STATE LAWS, FOR FALSE STATEMENTS I HAVE MADE TO ENABLE THE ABOVE NAMED APPLICANT TO RECEIVE BENEFITS TO WHICH HE/SHE IS NOT LEGALLY ENTITLED.

SIGNATURE OF LANDLORD	MONTH	DAY	YEAR