



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
LOW INCOME INTERVIEW GUIDE

DATE

HEAD OF HOUSEHOLD

SOCIAL SECURITY NO.

IN ORDER TO PROCESS YOUR APPLICATION FOR ENERGY ASSISTANCE, YOU MUST ANSWER THE FOLLOWING QUESTIONS. IF YOU FAIL TO PROVIDE ALL OF THE REQUESTED INFORMATION, YOUR APPLICATION WILL BE DENIED. THE COMPLETED FORM MUST BE RETURNED TO THE COMMUNITY ACTION AGENCY NO LATER THAN

MONTH	DAY	YEAR

1. PLEASE EXPLAIN HOW YOU HAVE BEEN MANAGING WITH LITTLE OR NO INCOME FOR THE MONTH OF _____ . INCLUDE WHO PROVIDED THE INCOME, WHEN IT WAS RECEIVED, HOW OFTEN IT WAS RECEIVED AND WHETHER THIS IS A REGULAR SOURCE OF INCOME TO PAY YOUR BILLS. **(RETURN WRITTEN PROOF OF INCOME WITH THIS FORM.)**

2. WHEN WERE THE RENT/HOUSE PAYMENT AND UTILITIES (GAS, ELECTRIC, WATER, AND PHONE) LAST PAID? HOW MUCH WAS PAID ON EACH OF THESE? WHAT WAS THE SOURCE OF INCOME USED TO PAY THEM? **(IF SOMEONE HELPED PAY THE HEAT BILL, WRITTEN PROOF IS REQUIRED FROM THAT PERSON.)**

3. DID YOU HAVE SAVINGS OR OTHER RESOURCES THAT WERE USED TO PAY BILLS? IF SO, HOW MUCH IS STILL AVAILABLE IN THE ACCOUNTS?

4. DID YOU RECEIVE MONEY FROM RELATIVES OR FRIENDS? IF SO, HOW OFTEN, HOW MUCH, AND FROM WHOM WAS THIS RECEIVED? **(WRITTEN PROOF IS REQUIRED.)**

5. DID YOU WORK ODD JOBS OR HAVE ANOTHER SOURCE OF IRREGULAR OR UNEARNED INCOME? IF SO, WHO DID YOU RECEIVE THE INCOME FROM, HOW MUCH, AND WHEN WERE YOU PAID? **(WRITTEN PROOF IS REQUIRED.)**

6. HOW DID YOU PAY FOR FOOD, OTHER HOUSEHOLD BILLS, AND TRANSPORTATION EXPENSES DURING THE MONTH INDICATED ABOVE?

CASEWORKER

TELEPHONE NUMBER

FAX NUMBER

RETURN INFORMATION TO:

CAPNCM, c/o LIHEAP, 1506 OKLAHOMA AVE, TRENTON, MO 64683

FOR OFFICE USE ONLY

REMINDERS

- S024/SPAR Search Copy (18 or older) - EAES Copy (18 or older) - TERMINATED INCOME - EA-IC Completed
- 1066/FAMIS COPIES, If Found (Must Document)

SUPERVISOR SIGNATURE ►