

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