

## ENERGY ASSISTANCE LANDLORD/RENTER DOCUMENTATION REQUEST (EA-1E)

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**Purpose:** Provides a method for obtaining documentation of an applicant's declared "Landlord" or "Renter" status and their fuel type in order to determine eligibility.

**Number of Copies and Distribution:** Two copies; original must be mailed by the worker to the landlord and a copy will be filed in the case record. *A stamped, return envelope must be included when the form is mailed to the landlord.*

**Instructions for Completion:** This form may be typed or printed in ink.

**Section I:** To be completed by the worker.

**County:** Enter the county office in which the application is filed.

**Worker:** Enter name of worker completing form.

**Date:** Enter date the form is completed by the worker.

**Applicant Name:** Enter the full name of the applicant.

**Address:** Enter the complete mailing address of the applicant.

**Landlords' Name, Address/Phone Number:** Enter the landlord's name, address and phone number as declared by the applicant. Name and address of the landlord must be secured in order to mail the EA-1E to the landlord.

**Section II:** Must be completed by the landlord. Each question must be answered in order to determine eligibility for LIHEAP. No alterations can be made on the form. Any change, alteration or unclear information must be resolved with the landlord and recorded on the LIHEAP Case Notes (E1CN) screen which can be accessed from any screen on the LIHEAP system.

**NOTE:** The application cannot be denied prior to the time frame if an EA-1E is the only information needed to process the application.

**Section III:** Landlord must sign and date the form.



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

**ENERGY ASSISTANCE LANDLORD/RENTER DOCUMENTATION REQUEST**

**SECTION I**

COUNTY	WORKER	DATE
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APPLICANT NAME	SOCIAL SECURITY NO.
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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) DAYS.**

LANDLORD'S NAME	PHONE NO.
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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 OR COOLING NORMALLY INCLUDED IN THE TENANT'S RENTAL PAYMENT?  YES  NO  
IF YES, HAS THE TENANT MADE ANY EXTRA PAYMENTS FOR HEATING OR COOLING COSTS FOR OCTOBER THROUGH SEPTEMBER DUE TO EXCESS USAGE?  YES  NO

5. DOES THE TENANT NORMALLY PAY FOR THEIR TOTAL HEATING OR COOLING 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 CONTRACTED AGENCIES 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