

## INFORMATION REQUEST (LIHEAP-1B)

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**Purpose:** To provide notification to LIHEAP applicants of information they must provide to establish eligibility for heating/cooling assistance.

**Number of Copies and Distribution:** Two copies; original given or mailed to the applicant, copy must be filed in the case record.

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

**Date:** Enter date the form is given/mailed to the applicant.

**Applicant Name:** Enter the applicant's name.

**Social Security Number:** Enter the applicant's Social Security Number.

**Required Return Date:** Enter the month, day and year the requested information is due.

This date must be at least 10 days from the date the form is given/mailed to the applicant. If the 10<sup>th</sup> day falls on a weekend or holiday, the due date must be the next working day. An additional 5 days can be given for mailing.

1. **Proof of Social Security Number(s):** Enter the household member(s) name that Social Security Number documentation is needed on. If more than three (3) members, will need to add to box 7 (other).
2. **Proof of Age:** Enter the household member(s) name that age documentation is needed on. If more than three (3) members, will need to add to box 7 (other).
3. **Proof of Permanent Residence For:** Enter the household member(s) name that permanent resident documentation is needed on. If more than three (3) members, will need to add to box 7 (other).
4. **Resource Documentation:** Check the appropriate box(s) if resource documentation is needed on any household member. List any specific member(s) name in box 7 (other).
5. **Proof Of Heating/Cooling Account:** Check the appropriate box(s) to indicate if fuel supplier information, account information, or landlord information is needed.
6. **Proof of All Income:** Enter the household member(s) name, indicating the requested month and year the income documentation is being requested for. Check any applicable boxes for other sources of income being requested.
7. **Other (Explain)** This section may be used to request information not identified elsewhere on this form or to add member names when additional space is needed.

**Worker Name/Phone Number/Fax Number:** Enter the contract agency worker name, telephone number, and fax number that is requesting the information.

**Return Address Information:** Enter contract agency address information should be returned to in order to assist the applicant in returning the requested information.



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 FAMILY SUPPORT DIVISION  
**INFORMATION REQUEST**

DATE		
SOCIAL SECURITY NUMBER		
<b>REQUIRED RETURN DATE</b>		
MONTH	DAY	YEAR

APPLICANT NAME

**To process your application for Energy Assistance, you need to provide copies of the information checked below. If you don't provide all of the requested information for each person named below, your application will be turned down. You must return the information to the agency no later than the required return date.**

**1. PROOF OF SOCIAL SECURITY NUMBER(S):**  
 (Such as Social Security Card or Application for One)

MEMBER NAME	MEMBER NAME	MEMBER NAME

**2. PROOF OF AGE FOR:**  
 (Such as Birth Certificate, Driver's License, Medicare Card)

MEMBER NAME	MEMBER NAME	MEMBER NAME

**3. PROOF OF PERMANENT RESIDENCE FOR:**  
 (Proof from Immigration and Naturalization Service)

MEMBER NAME	MEMBER NAME	MEMBER NAME

**4. RESOURCE DOCUMENTATION:**  
 (Include proof for all boxes checked for everyone in the household)

Certificates of Deposit (CD)

Current Savings Account

Current Checking Account

Government and other Bonds

Stocks/Annuities and Mutual Funds

IRA/Keogh and Deferred Compensation Plans

**5. PROOF OF HEATING/COOLING ACCOUNT:**

Current Energy Bill/Fuel Delivery ticket in your name

Current written statement from fuel supplier

Termination (Shut-off) Notice/Final Bill

Customer Account Name Change

Name/Address and Phone Number of Landlord

Current Energy Bill in your name with account number for new address

**6. PROOF OF ALL INCOME:**  
 All pay stubs for the member(s) and month/year listed below:

MEMBER NAME	MONTH	YEAR
A.		
B.		
C.		

**OR**

A statement from the employer (Home employment such as babysitting, ironing, housecleaning or other odd jobs.) Include name of employer, how often paid, gross paid and dates.

If you farm or are self-employed, your latest tax form (1040)

Current Social Security/SSI benefits

Child Support/Alimony

Statement documenting contributions from persons outside of your household. (Include signature, address, and phone number)

Veterans Benefits

Railroad Retirement

Armed Forces Allotment

Current Award Letter/Check Stub from any Private Pension

Workers Compensation

Rent received from Rental Property

Other Income:  
 \_\_\_\_\_

**7. OTHER (EXPLAIN):**

**If you have any questions or need help getting the information needed, contact our agency.**

WORKER NAME	PHONE NUMBER	FAX NUMBER

RETURN ADDRESS INFORMATION