Application for Financial Assistance for Home Energy Costs

Low Income Home Energy Assistance Program (LIHEAP)

How to apply for LIHEAP

1. Fill out the attached application. Answer every question. If your application is not complete, it will be delayed or returned.
2. Send your completed application and documents to the LIHEAP agency in the county you live in. You can find your LIHEAP agency on the back of this page.

When to apply for LIHEAP - Energy Assistance (EA)

- **Send your application on or after October 1, 2025, if:** Any member of your household is age 60 or over, or if any household member is disabled.
- **Send your application on or after November 1, 2025, if:** Your household doesn't include a person age 60 or over, or who is disabled.
- The last day to apply for EA is May 31, 2026.

When to apply for LIHEAP - Energy Crisis Intervention Program (ECIP)

- You can apply for Winter ECIP from November 1, 2025, to May 31, 2026, for elderly/disabled households, and December 1, 2025, to May 31, 2026, for all other households.
- All households can apply for Summer ECIP from June 1, 2026, to September 30, 2026
- ECIP requires the household to provide a disconnect notice for energy payments.

How to apply for ECIP (Crisis)

- If you have not received EA for this year, you must complete the entire application.
- If you received EA from October 1, 2025, to May 31, 2026, and there are no changes you do not need to complete a new application, contact your local agency.

After you send your application

The LIHEAP agency will review your application:

- You will receive notification of approval, denial, or requests for additional information from the Family Support Division.

Important:

- Continue to make utility payments to your utility company.
- Benefits are dependent on available funding.
- 1 bill + 1 meter = 1 Household

PROGRAM DESCRIPTION			
ENERGY ASSISTANCE (EA)		**HOUSEHOLD**	**MONTHLY INCOME AMOUNTS**
Below is the maximum payment amount your household can receive.		**SIZE**	**0%-60% STATE MEDIAN INCOME (SMI)**
Natural Gas	$326	1	2,840
Tank Propane	$495	2	3,714
Electric	$318	3	4,588
Fuel Oil	$326	4	5,461
Wood	$219	5	6,335
Kerosene	$153	6	7,209
Cylinder Propane	$177	7	7,373
ENERGY CRISIS INTERVENTION PROGRAM (ECIP)		8	7,537
Winter	Up to $800 November 1 through May 31 with a disconnect notice for energy payments	9	7,701
Summer	Up to $300 June 1 through September 30 with a disconnect notice for energy payments	10	7,864
		For households with more than 10 members, add $164 to the maximum monthly income for each additional household member.	

Where to send your LIHEAP Application

Search for your local office by referring to the county in which you live.

Audrain, Boone, Callaway, Cole, Cooper, Howard, Moniteau, Osage
Central Missouri Community Action (CMCA)
800 N Providence Rd Ste 200
Columbia, MO 65203-4300
Phone number: (573) 200-6655 Fax (573) 370-1212
Website: https//cmca.us/get-help/energy-assistance/

St. Louis County
Community Action Agency of St. Louis County (CAASTLC)
2709 Woodson Rd
Overland, MO 63114-4817
Phone number: (314) 446-4420 Fax (314) 446-4480

Andrew, Buchanan, Clinton, DeKalb
Community Action Partnership of Greater St. Joseph (CAPSTJOE)
1322 N. 36th St.
St. Joseph, MO 64506
Phone number: (816) 233-8281 Fax (816) 233-8262
IVR: (816) 693-6868

Atchison, Gentry, Holt, Nodaway, Worth
Community Services, Inc. of Northwest Missouri (CSI)
PO Box 328
Maryville, MO 64468-0328
Phone number: (660) 582-3113 Fax (660) 582-2965
Email: rleader@csinwmo.org

Barton, Jasper, Newton, McDonald
Economic Security Corporation of Southwest Area (ESC)
PO Box 207
Joplin, MO 64802-0207
Phone number: (417) 781-0352 Fax (417) 781-2011

Bollinger, Cape Girardeau, Iron, Madison, Perry, St. Francois, Ste. Genevieve, Washington
East Missouri Action Agency (EMAA)
403 Parkway Dr.
Park Hills, MO 63601-0308
Phone number: (800) 392-8663 Fax (573) 431-7377

Dunklin, Mississippi, New Madrid, Pemiscot, Scott, Stoddard
Delta Area Economic Opportunity Corporation (DAEOC)
104 W Center St
Sikeston, MO 63801
Phone number: (573) 931-8400 Fax (573) 931-8408

Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan
Green Hills Community Action Agency (GHCAA)
1506 Oklahoma Ave
Trenton, MO 64683-2587
Phone number: (660) 359-6619 Fax (660) 359-2038

City of St. Louis, Wellston
Urban League (ULSTL)
1408 N. Kingshighway Blvd.
St. Louis, MO 63113
Phone number: (314) 615-3632 Fax (314) 615-3632

Jefferson, Franklin
Jefferson-Franklin Community Action Corporation (JFCAC)
PO Box 920
Hillsboro, MO 63050-0920
Phone number: (636) 789-2686 Fax (636) 789-2866

Camden, Crawford, Gasconade, Laclede, Maries, Miller, Phelps, Pulaski
Missouri Ozarks Community Action, Inc. (MOCA)
PO Box 69
Richland, MO 65556-0069
Phone number: (573) 765-3263 Fax (573) 232-1638

Carroll, Chariton, Johnson, Lafayette, Pettis, Ray, Saline
Missouri Valley Community Action Agency (MVCAA)
1415 S Odell Ave
Marshall, MO 65340-3144
Phone number: (660) 886-7476 Fax (660) 831-5039

Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Shelby, St. Charles, Warren
Northeast Community Action Corporation (NECAC)
805 Business Highway 61 N
Bowling Green, MO 63334-1351
Phone number: (573) 564-4002 Fax (573) 213-4858

Adair, Clark, Knox, Schuyler, Scotland
Community Action Partnership Northeast Missouri (CAPNEMO)
PO Box 966
Kirksville, MO 63501-0966
Phone number: (660) 665-9855 Fax (660) 665-6557
Email: LIHEAP@capnemo.org

Douglas, Howell, Oregon, Ozark, Texas, Wright
Ozark Action, Inc. (OAI)
710 E Main St
West Plains, MO 65775-3307
Phone number: (417) 256-6147 Fax (417) 256-0333

Barry, Christian, Dade, Dallas, Greene, Lawrence, Polk, Stone, Taney, Webster
Ozarks Area Community Action Corporation (OACAC)
215 S Barnes Ave
Springfield, MO 65802-2204
Phone number: (417) 864-3460 Fax (417) 864-3472

Butler, Carter, Dent, Reynolds, Ripley, Shannon, Wayne
South Central Missouri Community Action Agency (SCMCAA)
PO Box 6
Winona, MO 65588-0006
Phone number: (800) 325-4633 Fax (573) 325-4543

Jackson, Clay, Platte
Mid America Assistance Coalition (MAAC)
4001 Dr. Martin Luther King JR. Blvd., Suite 270
Kansas City, MO 64130-2350
Phone number: (816) 768-8900 Fax (816) 768-8901

Bates, Benton, Cass, Cedar, Henry, Hickory, Morgan, St. Clair, Vernon
West Central Missouri Community Action Agency (WCMCAA)
112 W 4th Street
Appleton City, MO 64724-1402
Phone number: (660) 476-2185 Fax (660) 476-5901

Missouri Department of Social Services
FAMILY SUPPORT DIVISION

Application for Financial Assistance for Home Energy Costs

Low Income Home Energy Assistance Program (LIHEAP)

Agency Use Only
Date Stamp

Part 1 - Enter Contact Information

Name				
Home Address (Or address you are moving to)	Apt#	City	State	Zip Code
Mailing Address (If different from home address)	Apt #	City	State	Zip Code
County of Residence	Email		Phone Number	

Part 2 – Complete All Household Members Information

List every person living in your household, starting with yourself. Fill in each box for every household member. If there are more than 10 people living in your home, list the others on a separate sheet of paper.

Name	SNAP? Yes/No	Social Security Number	Sex M/F	Birth Date	Disabled? Yes/No	Relationship to You	Race	U.S. Citizen? Yes/No
						SELF		

Do you own your home or are you buying your home? . . . . . ☐ Yes ☐ No
Has your home been weatherized by the local agency weatherization program? . . . . . ☐ Yes ☐ No
Is your home all electric? . . . . . ☐ Yes ☐ No
Do you or a household member suffer from a life-threatening medical condition? . . . . . ☐ Yes ☐ No

Part 3 - Enter Utility Information

- Indicate in the "Fuel Source For My Home" section below, DSS will only pay EA benefits for the fuel type selected under this section.

Fuel Source For My Home						
☐ Natural Gas	☐ Tank Propane	☐ Electric	☐ Wood	☐ Cylinder Propane	☐ Fuel Oil	☐ Kerosene

Part 3 - Enter Utility Information Continued

List your supplier's name	
City	Whose name appears on the account?
Account Number	

Are you currently without this energy source because it got disconnected or you're out of fuel? ☐ Yes ☐ No
Are you currently in threat of not having this energy source selected above because it may be disconnected soon or you're low on fuel? ☐ Yes ☐ No
If you answered yes to either question, please fill in the disconnection date or how much wood, propane, or prepaid electric you have:

If you have a disconnect notice, send it with this application.

Additional Fuel Source For My Home Leave empty if your home is all electric. If all electric, make sure electric information is listed in the "Fuel Source For My Home" section.

☐ Natural Gas ☐ Tank Propane ☐ Electric ☐ Wood ☐ Cylinder Propane ☐ Fuel Oil ☐ Kerosene

List your supplier's name	
City	Whose name appears on the account?
Account Number	

- If you or someone in your household suffers from a life-threatening medical condition, send a medical statement from a qualified doctor or nurse. The statement should indicate the household member has a life-threatening medical condition but does not have to state a diagnosis or condition.

Part 4 - Enter Information if You Don't Pay the Utility Company Directly

The account is in my Landlord's name, and I pay my Landlord for my heating or cooling costs. ☐ Yes ☐ No
I live in subsidized housing or receive Section 8. ☐ Yes ☐ No
Heating costs are included in my rent. ☐ Yes ☐ No
Cooling costs are included in my rent. ☐ Yes ☐ No

Landlord's Name	Phone Number
Landlord's Address	

Part 5 - Enter Household Income

If anyone in your household has income from a job or self-employment:

- Fill in this section to show all income anyone gets from tips, payments for service, and wages for all jobs, even if someone has more than one job. If you need to list additional income, provide it on a separate sheet of paper.
- Send copies of documents that shows all gross income received by anyone last month, such as paystubs. Gross income is income received before taxes are withheld. If anyone was employed in the last six (6) months but did not receive income from that job last month, provide proof of final wages earned and last date worked from that employer.

List everyone in your household age 18 or older who received income from a job last month. (Include all jobs.)

Name	Employer	How Often Paid?	Gross Pay	Still Employed?
			$	
			$	
			$	
			$	

Did anyone in the household get income from self-employment last month? ☐ Yes ☐ No
If yes, send a copy of the most recent Federal Income Tax Form 1040, including Schedule 1, for each self-employed person along with your application.

Part 6 - Enter Court Ordered Child Support (if applicable)

Court-ordered Child Support that is paid to someone outside your household can be deducted so that it doesn't count as income. To receive this deduction, complete the below.

Did anyone pay court-ordered Child Support last month to someone outside of your household? ☐ Yes ☐ No	
If yes, how much? $	Name of person who pays the Child Support
List the 8-digit Child Support Case Number	

Part 7 - Enter Other Income

- Send copies of documents showing income anyone received last month. If you need to list additional income for any household members, send a separate sheet of paper with the information.

SOURCES OF INCOME	WHO RECEIVES THIS INCOME?	AMOUNT RECEIVED	HOW OFTEN RECEIVED?
Social Security		$	
Supplemental Security Income (SSI)		$	
Temporary Assistance for Needy Families (TANF)		$	
Supplemental Aid to the Blind (SAB)		$	
Blind Pension (BP)		$	
Supplemental State Payments (SSP)		$	
Foster Care		$	
Alimony		$	
Child Support List 8-Digit Case Number: _____		$	
Unemployment Compensation		$	
Veterans Benefits		$	
Pensions		$	
Railroad Retirement		$	
Rent Received from Land or Buildings		$	
Money Received from Friends, Family, or Organizations		$	
Armed Forces Allotment		$	
Union Funds or Strike Benefits		$	
Worker's Compensation or Temporary Private Disability		$	
Other Unearned Income Specify: _____		$	

Part 8 - Enter Resource Information - Split this for household members.

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	Who's Account?	How Much?
Checking: Single and/or Joint Accounts		$
Stocks/Bonds and Mutual Funds		$
IRA/KEOGH and/or Deferred Compensation Plans		$
Savings: Single and/or Joint Accounts		$
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.

Documents 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.

Documentation you must send if any member of your household had income last month:

- ☐ Proof of all income from last month for all household members. Household members who are active SNAP recipients do not need to provide proof of incomes.
- ☐ Copies of the most recent Federal Income Tax Form 1040, including Schedule 1, for any household members who earned income from self-employment last month.

Part 10 - 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 for LIHEAP eligibility. 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**

Submit

Be sure to save your application before submitting