

Have your landlord fill out this form **completely** if utilities are included in your rent OR your utility bills are listed in your landlords' name. Attach this form when submitting the LIHEAP application.



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)

- IS THE ABOVE INDIVIDUAL LIVING IN THE PROPERTY AT THE ABOVE ADDRESS? YES NO
- DO YOU LIVE IN A SEPARATE HOUSEHOLD FROM YOUR TENANT? YES NO
- DO YOU RECEIVE A SECTION 8 OR RENTAL SUBSIDY ON BEHALF OF THIS TENANT OR FOR THE PROPERTY THIS TENANT LIVES IN? YES NO
- IS THE TOTAL COST OF HOME HEATING OR COOLING NORMALLY INCLUDED IN THE TENANT'S RENTAL PAYMENT?
IF YES, HAS THE TENANT MADE ANY EXTRA PAYMENTS FOR HEATING OR COOLING COSTS FOR OCTOBER THROUGH SEPTEMBER DUE TO EXCESS USAGE? YES NO
- DOES THE TENANT NORMALLY PAY FOR THEIR TOTAL HEATING OR COOLING COSTS IN A SEPARATE PAYMENT FROM THEIR RENT? YES NO
- WHAT IS THE MONTHLY AMOUNT OF RENT ACTUALLY PAID BY THE TENANT? \$ _____
- 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