



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
LOW INCOME INTERVIEW GUIDE

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APPLICANT NAME

SOCIAL SECURITY NO.

To process your application for Energy Assistance, you need to answer the following questions. If you don't answer the questions, your application will be turned down. You must return this Low Income Interview Guide no later than the required return date. IMPORTANT: Written proof of any income reported is required. (Such as pay stubs, written documentation from person who gave you money, paid receipts.)

REQUIRED RETURN DATE

MONTH

DAY

YEAR

ANSWER QUESTIONS 1 THROUGH 6 TO SHOW HOW YOU HAVE BEEN MANAGING WITH LITTLE OR NO INCOME FOR THE MONTH OF:

Month 20

1. DID ANYONE PROVIDE YOU WITH ANY INCOME?

☐ Yes ☐ No If yes, list name(s):

TOTAL AMOUNT YOU RECEIVED (WRITTEN PROOF REQUIRED)

\$

2. WHEN WERE THE RENT/HOUSE PAYMENT AND UTILITIES (GAS, ELECTRIC, WATER, AND PHONE) LAST PAID?

HOW MUCH WAS PAID ON EACH OF THESE?

\$

NAME OF PERSON(S) WHO MADE ANY PAYMENTS

3. DID YOU HAVE SAVINGS/OTHER RESOURCES (SUCH AS BANK /INVESTMENT ACCOUNTS) THAT WERE USED TO PAY BILLS?

☐ Yes ☐ No If yes, how much is still available in the accounts? \$

4. DID YOU RECEIVE MONEY FROM RELATIVES OR FRIENDS?

☐ Yes ☐ No If yes, how much? \$

NAME OF PERSON(S) YOU RECEIVED IT FROM? (WRITTEN PROOF REQUIRED)

5. DID YOU WORK ODD JOBS OR HAVE ANOTHER SOURCE OF IRREGULAR OR UNEARNED INCOME?

☐ Yes ☐ No If yes, name of person(s) you received it from?

HOW MUCH? (WRITTEN PROOF REQUIRED)

\$

6. HOW DID YOU PAY FOR FOOD, OTHER HOUSEHOLD BILLS, AND TRANSPORTATION EXPENSES?

WORKER NAME

TELEPHONE NUMBER

FAX NUMBER

(573) 200-6655

(573) 370-1212

RETURN THIS LOW INCOME INTERVIEW GUIDE TO

Central Missouri Community Action

ADDRESS

800 N Providence Rd, Columbia MO 65203

FOR OFFICE USE ONLY

REQUIRED FOR ALL HOUSEHOLD MEMBERS 18 AND OLDER (CHECK WHEN COMPLETE)

☐ E1ES COPY ☐ FAMIS COPY (TANF, BP, SSP) ☐ E1SI COPY ☐ TERMINATED INCOME (MUST DOCUMENT)

SUPERVISOR SIGNATURE