ENERGY ASSISTANCE LANDLORD/RENTER DOCUMENTATION REQUEST

SECTION I						
COUNTY	WORKER		DATE			
APPLICANT NAME SOCIAL SECURIT			SOCIAL SECURITY NO			
ADDRESS (NUMBER & STREET NAME, CITY,	STATE & ZIP CODE)					
ABBITEGG (NOWBETT & GITTEL THAME, GITT, GITTEL & ZIT GOBE)						
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 N	NO.	
ADDRESS						
SECTION II	(SECTIONS II AND III MUST BE C	OMPLETED BY LANDLO	RD)			
	L LIVING IN THE PROPERTY AT THE A	ABOVE ADDRESS?	•	□ Y	ES [] NO
2. DO YOU LIVE IN A SEPAR	ATE HOUSEHOLD FROM YOUR TENA	NT?		Y	ES [NO
2 DO VOU DECEIVE A SECT	TION 9 OD DENTAL CURCIDY ON DELLA		FOR THE			
PROPERTY THIS TENANT	FION 8 OR RENTAL SUBSIDY ON BEHA LIVES IN?	ALF OF THIS TENANT OF	FOR THE	□ Y	ES [NO
4. IS THE TOTAL COST OF HOME HEATING OR COOLING NORMALLY INCLUDED IN THE TENANT'S RENTAL PAYMENT?				Пү	ES [□NO
IF YES, HAS THE TENANT MADE ANY EXTRA PAYMENTS FOR HEATING OR COOLING COSTS FOR OCTOBER THROUGH SEPTEMBER DUE TO EXCESS USAGE?				_ □ Y		NO
5. DOES THE TENANT NORM PAYMENT FROM THEIR R	MALLY PAY FOR THEIR TOTAL HEATINENT?	NG OR COOLING COSTS	IN A SEPARATE	☐ Y	ES [] NO
6. WHAT IS THE MONTHLY A	AMOUNT OF RENT ACTUALLY PAID BY	THE TENANT? \$				
7. PLEASE CHECK THE TYP	E OF FUEL USED TO HEAT THE PROF	PERTY:				
☐ NATURAL GAS ☐ EL	LECTRIC TANK PROPANE I	FUEL OIL WOOD	□ COAL □ (CYLIND	FR PRO	OPANE
SECTION III	LECTRIC AND TANKETHOLANE	OLL OIL WOOD	L COAL L	J I LIND		OI AINL
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