

LOW INCOME INTERVIEW GUIDE (LIHEAP 1-C)

Purpose: To obtain documentation of income and resources of the household for member's age eighteen (18) and over when there is no verified source(s) of income from any household member as reported on the LIHEAP-1 Application and the total household income is zero.

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 must be typed or printed in ink.

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

Applicant Name: Enter the name of the applicant.

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 ten (10) calendar days from the date the form is given/mailed to the applicant. If the 10th day falls on a weekend or holiday, the due date must be the next working day. **NOTE:** Agencies can allow an additional five (5) calendar days for mailing; however, ten (10) calendar days should be documented on the LIHEAP-1C Low Income Interview Guide.

Month and Year: Enter the month prior to the month of the date of the LIHEAP-1 application date-stamped received date.

Question's One through Six: To be completed by the applicant.

Worker Name/Telephone Number/Fax Number: Worker requesting information must sign the form, enter their telephone number, and contract agency fax number.

Return This Low Income Interview Guide To: Enter contract agency name and mailing address.

For Office Use Only: To be completed by the LIHEAP worker to ensure all possible sources of income which includes review of the Employment Security (E1ES) screen, Family Assistance Management Information System (FAMIS), SSA Benefits (E1SI) screen and terminated income have been researched and documented for the case file. A copy of all screen prints and supporting documentation must be placed in the case file.

Supervisor Signature: To be signed by the LIHEAP supervisor to verify the LIHEAP worker completed and included documentation listed under "For Office Use Only".



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

LOW INCOME INTERVIEW GUIDE

DATE		
SOCIAL SECURITY NO.		
REQUIRED RETURN DATE		
MONTH	DAY	YEAR

APPLICANT NAME

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.)

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

RETURN THIS LOW INCOME INTERVIEW GUIDE TO	ADDRESS

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