



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