

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) APPLICATION FOR ASSISTANCE

Application is not complete without applicant signature on page 2.

Type of assistance you are applying for: (Check one)

Energy Assistance  Crisis Assistance

Have you received assistance under the LIHEAP program since July 1, 2018 through any TN LIHEAP Agency? (circle) Yes or No

If yes, which agency provided assistance?

For Agency Office Use Only		
DATE	APPLICATION	RECEIVED: _____
DATE APPLICATION	COMPLETED:	_____
APPLICATION STATUS:	APPROVED	DENIED

Applicant: [Redacted] ell [Redacted] [Redacted]

Current Address: [Redacted]

County: [Redacted]

Mailing Address (if different from Current Address): [Redacted]

LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT). USE ADDITIONAL PAPER IF YOU NEED MORE SPACE

NAME	MARRITAL STATUS	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	RACE (Optional to Provide) White, Black, Hispanic, Asian/Pacific Islander, Native American, Native Alaskan, Other - define	HIGHEST GRADE OF SCHOOL COMPLETED	DOES HOUSEHOLD MEMBER RECEIVE REGULAR FINANCIAL ASSISTANCE FOR A PERMANENT DISABILITY?	HEALTH INSURANCE	INCOME	RECEIVE FOOD STAMPS, SUPPLEMENTAL SECURITY INCOME, FAMILIES FIRST CASH ASSISTANCE (INDICATE ANY RECEIVING)
[Redacted]	D	Self	[Redacted]	[Redacted]	81	F	W	14	<input checked="" type="radio"/> Y or N	<input checked="" type="radio"/> Y or N	<input checked="" type="radio"/> Y or N	
Household Member:									<input type="radio"/> Y or N	<input type="radio"/> Y or N	<input type="radio"/> Y or N	
Household Member:									<input type="radio"/> Y or N	<input type="radio"/> Y or N	<input type="radio"/> Y or N	
Household Member:									<input type="radio"/> Y or N	<input type="radio"/> Y or N	<input type="radio"/> Y or N	
Household Member:									<input type="radio"/> Y or N	<input type="radio"/> Y or N	<input type="radio"/> Y or N	
Household Member:									<input type="radio"/> Y or N	<input type="radio"/> Y or N	<input type="radio"/> Y or N	
Household Member:									<input type="radio"/> Y or N	<input type="radio"/> Y or N	<input type="radio"/> Y or N	

Are any Household Members classified as a Veteran or Active Military:  Yes  No

FAMILY TYPE (check one):  Single Parent Female,  Single Parent Male,  2 Parent Household,  Single Person Female (no children),  Single Person Male (no children),  More Than One Adult (no children)

DECLARATION OF DISABILITY (Please use additional paper if more space is needed)

NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY: [Redacted] MS

DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? (circle) YES NO

DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? (circle) YES NO

NOTE 1: ASSISTANCE WILL BE DENIED DUE TO AN APPLICANT'S REFUSAL TO FURNISH ALL HOUSEHOLD MEMBERS' SOCIAL SECURITY NUMBERS AND VERIFICATION

NOTE 2: YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN HOUSEHOLD AGE 18 OR OLDER

(complete both pages)

OK Tracy Allen

Kaitlyn Goffin

HOUSEHOLD TOTAL INCOME (Below list income information for applicant and all household members age 18 or older). Use additional paper if more space is needed.

SOURCE OF INCOME	GROSS MONTHLY INCOME	IF EMPLOYED, PROVIDE EMPLOYER'S NAME & ADDRESS
Social Security	\$ 1108	Social Security

HOUSING (Please check one)  OWN  RENT  SECTION 8  PUBLIC HOUSING AUTHORITY

SOURCE(S) OF ENERGY: (Circle)

- Wood
- Coal
- Natural Gas
- Electric
- Kerosene
- L.P. Gas
- Fuel Oil

PUBLIC HOUSING/SECTION 8 TENANTS ONLY

Amount of Utility "Overage" \$ \_\_\_\_\_

HOME ENERGY COSTS: \_\_\_\_\_

UTILITY or ENERGY COMPANY TO RECEIVE PAYMENT:

Utility Company Name: Electric Power Board  
 Utility Company Address: PO Box 182254 Chattanooga 37422  
 Phone #: \_\_\_\_\_  
 Account #: 141-0557-011

IF APPLYING FOR "CRISIS" ASSISTANCE, TELL US WHY?

Has your electric or gas been disconnected? Y or N Have you received a cut off notice? Y or N

\*If you have received a cut off notice, please attach a copy.

PLEASE ATTACH ANNUAL ENERGY USAGE DOCUMENT

I CERTIFY THAT THE ABOVE ACCOUNT(S) IN THE NAME \_\_\_\_\_

IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR THE ACCOUNT.

Has your home ever been served under our Weatherization program? Y or N

Applicant Certification:

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT. I ATTEST UNDER PENALTY OF PERJURY THAT THE APPLICANT IS EITHER A UNITED STATES CITIZEN OR A QUALIFIED ALIEN AS DEFINED BY U.S.C § 1641(b). I UNDERSTAND THAT ANYONE WHO FRAUDULENTLY COVERS UP A MATERIAL FACT OR WHO KNOWINGLY GIVES FALSE INFORMATION FOR THE RECEIPT OF LIHEAP ASSISTANCE IS LIABLE UPON CONVICTION TO A FINE OF \$10,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS, OR BOTH. I AUTHORIZE THE VERIFICATION OF ANY AND ALL INFORMATION PROVIDED HEREIN TO DETERMINE MY ELIGIBILITY, AND ACKNOWLEDGE I HAVE BEEN INFORMED OF THE APPEAL PROCESS UNDER PROVISIONS OF THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM. I UNDERSTAND THAT I WILL BE NOTIFIED IN WRITING OF MY ELIGIBILITY STATUS. IDENTIFYING INFORMATION PROVIDED BY YOU FOR DETERMINATION OF YOUR ELIGIBILITY FOR LIHEAP AND FOR THE PROVISION OF SERVICES FROM THE PROGRAM WILL BE CONSIDERED CONFIDENTIAL, UNLESS OTHERWISE AUTHORIZED OR REQUIRED BY LAW, WILL NOT BE SHARED WITH ANY OTHER PERSONS OR AGENCIES EXCEPT FOR PURPOSES DIRECTLY RELATED TO THE ADMINISTRATION OF THE PROGRAM (LIHEAP). I AM THE CUSTOMER OF RECORD, THE CUSTOMER DATA AS REQUESTED BY THE LIHEAP ADMINISTRATION OR THE UTILITY SERVICE ACCOUNT IDENTIFIED IN THIS APPLICATION, AND I AUTHORIZE MY UTILITY SERVICE PROVIDER TO DISCLOSE MY

I DO \_\_\_\_\_ OR DO NOT \_\_\_\_\_ AGREE THAT THIS INFORMATION WILL BE SHARED WITH OTHER AGENCIES FROM WHICH I SEEK ADDITIONAL SERVICES.

APPLICANT SIGNATURE:  DATE: \_\_\_\_\_

No person on the basis of race, color, national origin, sex, age, or disability shall be denied benefits of, or be otherwise subjected to discrimination on the basis of any other characteristics protected by Federal, State, or Local will be excluded from participation in, or

To Be Completed By Agency Staff Only:

Number of Household Members Who Are:	DATE/TIME TAKEN:	TOTAL POINTS:
Age under 12 months	_____	_____
Age 2 years or under	_____	_____
Age 3-5 years	_____	_____
Age 60-69 years	_____	_____
Age 70 or older	_____	_____

ELIGIBLE BENEFIT LEVEL \$ \_\_\_\_\_ % OF POVERTY \_\_\_\_\_ VOUCHER #:

TOTAL ANNUAL GROSS INCOME ALL HOUSEHOLD MEMBERS OVER AGE 18: \$ \_\_\_\_\_

SIGNATURE OF DETERMINING AGENCY OFFICIAL: \_\_\_\_\_

DATE CERTIFIED: \_\_\_\_\_