

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

→→→ Application is not complete without required documentation and signature on page 2 ←←←

Date Application Received:

Have you received assistance under LIHEAP since October 1 through any TN Agency?

☐ Yes

☐ No

If Yes, which agency? _____

Last Name:		First Name:		Middle:	Email: *Required		
Physical Address:					City:	State:	Zip:
						TN	
Mailing Address: (if different)					City:	State:	Zip:
Phone:			Alternate Phone:		County:		

Please select all that apply:

Do you have a utility disconnect, past due, disconnected, an eviction notice due to utility overage, unpaid rent, are running or are out of fuel, your heat/airunit is not working properly? (circle one) Y or N

If Yes, documentation must be attached. In addition you must meet one of the following criteria: (Please check ALL that apply) Documentation is required for circumstances marked.

- | | |
|---|--|
| <input type="checkbox"/> A household member 60 years or older in the home | <input type="checkbox"/> Household wage earner lost their job or died within the last 12 months |
| <input type="checkbox"/> A household member 5 years or younger in the home | <input type="checkbox"/> Household wage earner left the home within the last 45 days |
| <input type="checkbox"/> A household member who is disabled (either receiving disability income or a verification of disability form) | <input type="checkbox"/> Household wage earner experienced a loss of significant work hours in the past 30 days |
| <input type="checkbox"/> A household member who is a veteran or active military | <input type="checkbox"/> Non-functioning or mal-functioning HVAC system in the home |
| <input type="checkbox"/> A household member requiring life support equipment | <input type="checkbox"/> Unanticipated medical or major household expense that exceeds 100% of your utility bill |

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

(Provide name & information for each HH member)	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	RACE	Ethnicity	US Citizen/Qual Alien	Vet or Military	Receive Asst for Disability	INCOME	TYPE OF INCOME
LAST NAME												
								Y or N	Y or N	Y or N	Y or N	
								Y or N	Y or N	Y or N	Y or N	
								Y or N	Y or N	Y or N	Y or N	
								Y or N	Y or N	Y or N	Y or N	
								Y or N	Y or N	Y or N	Y or N	

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

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).

HOUSEHOLD TOTAL INCOME: List income information for applicant and all household members. Wages are only listed for household members 18 or older.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	MONTHLY INCOME	HOW OFTEN INCOME RECEIVED

**INCOME DOCUMENTATION FOR THE MOST RECENT 30 DAYS MUST BE ATTACHED FOR EVERY PERSON IN THE HOUSEHOLD
A VERIFICATION OF INCOME AND EXPENSES FORM IS REQUIRED IF THERE ARE ANY ADULT HOUSEHOLD MEMBERS CLAIMING ZERO INCOME**

HOUSING: (Please check one) ☐ OWN ☐ RENT ☐ OTHER ☐ RENT w/ utilities included (Landlord/Tenant form required) ☐ UNKNOWN

UTILITY INFORMATION

UTILITY COMPANY TO RECEIVE BENEFIT PAYMENT:

Utility Company Name:

Account Number:

I certify that the account is in the name of is for the use of
my household and I am responsible for it's payments.

***** ATTACH 12 MONTHS OF ENERGY USAGE DOCUMENTATION FROM ALL ENERGY SOURCES*****

Has your home been served under our Weatherization Assistance Program in the last 15 years? ☐ Yes ☐ No

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 USC 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. I AM THE CUSTOMER OF RECORDS, THE CUSTOMER'S AUTHORIZED AGENT, OR AN AUTHORIZED THIRD PARTY FOR THE UTILITY SERVICE ACCOUNT IDENTIFIED IN THIS APPLICATION, AND I AUTHORIZE MY UTILITY SERVICE PROVIDER TO DISCLOSE MY CUSTOMER DATA AS REQUESTED BY THE LIHEAP ADMINISTERING AGENCY.

**I ACKNOWLEDGE AND CONSENT THAT THE INFORMATION CONTAINED IN MY APPLICATION MAY BE SHARED WITH OTHER
AGENCIES FROM WHICH I SEEK ADDITIONAL SERVICES AND THAT HAVE AUTHORIZED ACCESS TO THE APPLICATION DATABASE.**

Applicant Signature: _____ Date: _____

**No person on the basis of race, color, national origin, sex, age, disability, ancestry, status as a veteran, or any other characteristics, protected by Federal,
State or Local will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of LIHEAP.**

SIGNATURE OF DETERMINING AGENCY OFFICIAL: _____

DATE CERTIFIED: _____