

## 1. Valid Email Address Required

- All applicants **must have a valid email address** to begin the application process.
- For **in-person or phone appointments**, you must be able to **access and log into your email during the appointment**.
- If you do not currently have an email address and wish for a SETHRA intake worker to assist you in creating one during your appointment, you must bring a **working cell phone** with you in order to complete the setup process.
- For clients applying via **paper application**. The email address provided for you on the application must be a valid email. Please provide a valid contact number on the application. A SETHRA intake worker will contact you via phone once the application has been received. During this call you will need access to the email provided in order for the intake worker to complete the application.

### **Please Note:**

We **cannot begin or complete an application** without a valid email address. If you do not have this and a working cell phone available at the time of your appointment, your appointment will be **rescheduled**.

The following documentation must be provided for all applicants:

## 1. Identification Documents

- **Government-issued ID** for the **Head of Household**
- **Social Security Cards** for **all household members**  
*(For children under age 1, a birth certificate may be provided if the SSN card is not available.)*

*\*Both must be provided at the time of intake. Without this, we cannot move forward with the application process.\**

## 2. Proof of Income for All Household Members (Ages 18 and Over)

Income such as Survivors benefits, SSI, child support, TANF (Families First) is counted for children under 18.

### Acceptable Forms of Income Verification:

Income Type	Acceptable Documentation
<b>Wages/Salary</b>	Paystubs from the past 30 days (from the date of application). If unavailable, a written, signed, and dated letter from the employer on official company letterhead.
<b>Fixed Income</b> (Social Security, SSI, Pension, VA, Survivor Benefits)	Most recent benefit award letter <b>OR</b> current bank statement showing direct deposit. ( <i>Client's name must be listed on the account; redact account numbers.</i> )
<b>Child Support/Alimony</b>	Official court order or child support agency printout.
<b>TANF (Families First)</b>	Printout from DHS.
<b>Unemployment Benefits</b>	Claim summary or benefits statement from the state unemployment website.
<b>Self-Employment</b>	Previous year's tax return (acceptable until April each year) OR documentation showing adjusted gross income after business expenses.  A <b>Zero Income Declaration Form</b> must be completed for every household member over age 18 with no income. <i>Failure to provide this will result in denial. This form can be found on the THDA website- <a href="https://dogvxws799i6n.cloudfront.net/wp-content/uploads/2026-LIHEAP_ZERO-INCOME-FORM-English-Fillable-Li-03.pdf">https://dogvxws799i6n.cloudfront.net/wp-content/uploads/2026-LIHEAP_ZERO-INCOME-FORM-English-Fillable-Li-03.pdf</a> or you can contact your local SETHRA agency for the form.</i>
<b>Zero Income</b>	

### 3. Verification of Disability (If Applicable)

If any household member claims a disability:

- Provide an **SSI or SSDI award letter, OR**
- A **Verification of Disability Form** signed by a licensed medical professional.
  - This document can be found on the THDA website <https://dogvxws799i6n.cloudfront.net/wp-content/uploads/2026-LIHEAP-Verification-of-Disability-English-Fillable-LI11.pdf> or you can contact your local SETHRA agency for a copy.

### 4. Energy Burden Documentation

- **Current Utility Bill**

- **12-Months of utility bills or 12 month Utility Printout**  
*(If you have more than one utility provider, documentation is required for each excluding water, internet, sewer, trash etc.)*

## 5. Emergency Documentation (If Applying for Crisis Assistance)

Provide **one or more** of the following:

- Disconnect notice or bill showing pending disconnection.
- Eviction notice due to utility-related charges or unpaid rent.
- Fuel depletion notice (indicating 20% or less in tank and delivery refused).
- Documentation showing a **non-functioning** heating/air unit or related equipment.

## 6. Additional Criteria Documentation

*At least one of the following must be met and verified for eligibility. Documentation must be provided to continue with the application.*

Situation	Required Documentation
<b>Unanticipated Medical or Household Expenses (within last 3 months)</b>	Receipts or statements showing expenses that exceed 100% of your utility bill.
<b>Recent Job Loss or Death of Wage Earner (within last 12 months)</b>	Termination notice, UI claims, death certificate, or funeral program.
<b>Significant Loss of Work Hours (past 30 days)</b>	Letter from employer or recent paystubs showing reduced hours.
<b>Household Member Leaving Home (past 45 days)</b>	Legal documentation such as police report, order of protection, updated lease, or assistance application.
<b>Vulnerable Household Members</b>	Presence of children aged 5 or under, or individuals aged 60 or older.
<b>Active Military or Veteran Status</b>	Verification of military service.
<b>Disabled Household Members</b>	SSI/SSDI award letters or medical disability verification form.
<b>Non-functioning Heating System</b>	Repair invoices or documentation of malfunction (see appendix if available).

**Life-Support Equipment Needs**

Letter from a licensed medical professional or medical equipment company indicating the equipment requires utility service.

*Must be provided within 18 hours of request.*

**How to Apply:**

**In person or phone appointment:** contact your local SETHRA office.

Bledsoe County: 423-447-2444

Grundy County: 931-592-8262

Marion County: 423-942-8876

McMinn County: 423-745-8095

Meigs County: 423-334-3305

Polk County Ducktown: 423-496-2644

Polk County Benton: 423-338-2335

Rhea County: 423-775-4010

Sequatchie County: 423-949-2191

**Return paper applications:**

Drop off at your local SETHRA location

Mail to SETHRA, P.O. Box 909, Dunlap, TN 37327

Email to: [liheap@sethra.us](mailto:liheap@sethra.us)

**Online self-self:** follow the link provided at SETHRA.us or [https://thda.smartsimple.us/s\\_Login.jsp](https://thda.smartsimple.us/s_Login.jsp)

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.

**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.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Zero Income Form**

Applicant Name: \_\_\_\_\_ Number in Household: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your application for Energy Assistance did not show enough income to pay your monthly bills. Please complete this form to tell us how your living expenses were paid for the month of:

\_\_\_\_\_

**IMPORTANT: Your application may be denied if you do not complete this form.**

**List your monthly bills:**

Bill	Monthly Amount
Rent/Mortgage	_____
Food	_____
Heat	_____
Electric	_____
Phone or Cell	_____
Car Payment and Insurance	_____
Gas	_____
Personal Items	_____
Other Expenses	_____

**How are you paying your monthly bills with zero income? If you have not been paying your monthly bills, please explain.**

\_\_\_\_\_  
\_\_\_\_\_

If someone helped pay your bills in the month listed above, list their name below:

Name: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Do you live with a friend or relative?  Yes  No

Are they listed on your application?  Yes  No If no, write their name and phone:

\_\_\_\_\_

**During the month listed above, did anyone living in your home have these sources of income?**

Check all that apply and provide proof with this form:

Full-time job  Part-time job  Self-employed  Workers Compensation  Unemployment

Social Security/SSI  Annuity Payments  Pension  Child Support  Rental Income

County/Government Program  Working for cash  Alimony  TANF  Other: \_\_\_\_\_

Check all that apply: (no proof required)

Emergency or Housing Assistance  Earned Income Credit  Savings  Home Equity Loan

Other Loans  Credit Card  Irregular Insurance Benefits

**List all unemployed household members: (including yourself if applicable)**

Name: \_\_\_\_\_ Last date worked: \_\_\_\_\_

Name: \_\_\_\_\_ Last date worked: \_\_\_\_\_

Name: \_\_\_\_\_ Last date worked: \_\_\_\_\_

Name: \_\_\_\_\_ Last date worked: \_\_\_\_\_

Payments made by others to provide support for your household are considered income.

By signing this form, I affirm that I believe these facts are accurate and true. I give the local LIHEAP Service Provider my permission to verify this information. I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Verification of Disability

### Part I: Applicant Information

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

### Part II: Person With Disabilities Information & Instructions

Name of Household Member with Disabilities: \_\_\_\_\_

Last Four of Social Security Number: xxx-xx \_\_\_\_\_

The above-named individual is an applicant for, or a participant in, a federally funded program operated by \_\_\_\_\_ and in partnership with Tennessee Housing Development Agency and has stated they are permanently disabled. Disability must be verified to determine qualifying factors for Low Income Home Energy Assistance Program. Your prompt completion of this form is appreciated.

### PLEASE COMPLETE THE MEDICAL CERTIFICATION

#### Part III: Medical Certification of Need to Be Completed by Physician/Health Care Professional

##### Disability Definition

Disability is defined as meeting one or more of the following criteria:

1.  Substantial Gainful Activity Limitation

- An inability to engage in any substantial gainful activity due to a medically determinable physical or mental impairment:
  - That is expected to result in death, or
  - Has lasted or is expected to last for a continuous period of not less than 12 months.

2.  Severe Chronic Disability

- A severe chronic disability that:
  - Is attributable to a mental or physical impairment, or a combination of impairments:
  - Is manifested before the individual attains age 22;
  - Is likely to continue indefinitely;
  - Results in substantial functional limitations in three or more of the following areas of major life activity:
  - Selfcare

- Self direction
- Receptive and expressive language
- Learning
- Mobility
- Capacity for independent living
- Economic self sufficiency
- Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services of lifelong or extended duration that are individually planned and coordinated.

3.  Independent Living Impairment

- A physical or mental impairment that:
  - Is expected to be of long continued and indefinite duration;
  - Substantially impedes the person's ability to live independently;
  - Is of such a nature that the person's ability to live independently could be improved by more suitable housing conditions.

None of the above

Name of Individual: \_\_\_\_\_

Date of Certification: \_\_\_\_\_

Printed Name of Certifying Professional: \_\_\_\_\_

Title/Profession: \_\_\_\_\_

Signature: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Physician/Health Care Professional: \_\_\_\_\_ Date: \_\_\_\_\_

**Self-Employment Income Form**

Applicant Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

This self-employment income is for the period of \_\_\_\_\_ through \_\_\_\_\_.

Have you filed taxes this current year?  Yes  No

If Yes, a copy of your completed return is required.

Did you file taxes last year?  Yes  No

If you did not file taxes this current year but you did file last year, please provide a copy of last year's tax return.

**How often is income received:**

Weekly  Bi-Weekly  Semi-Monthly  Monthly

**Income Details, Household Member 1**

Date Received \_\_\_\_\_

Form: Cash, Check, Money Order \_\_\_\_\_

Amount \_\_\_\_\_

Business Expenses, type of expense and amount \_\_\_\_\_

Net Income \_\_\_\_\_

Notes \_\_\_\_\_

**Income Details, Household Member 2**

Date Received \_\_\_\_\_

Form: Cash, Check, Money Order \_\_\_\_\_

Amount \_\_\_\_\_

Business Expenses, type of expense and amount \_\_\_\_\_

Net Income \_\_\_\_\_

Notes \_\_\_\_\_

**Income Details, Household Member 3**

Date Received \_\_\_\_\_

Form: Cash, Check, Money Order \_\_\_\_\_

Amount \_\_\_\_\_

Business Expenses, type of expense and amount \_\_\_\_\_

Net Income \_\_\_\_\_

Notes \_\_\_\_\_

**Income Details, Household Member 4**

Date Received \_\_\_\_\_

Form: Cash, Check, Money Order \_\_\_\_\_

Amount \_\_\_\_\_

Business Expenses, type of expense and amount \_\_\_\_\_

Net Income \_\_\_\_\_

Notes \_\_\_\_\_

**LIHEAP Landlord Tenant Energy Assistance Agreement**

This form is to be used if a LIHEAP client's energy bill is included in the cost of rent paid to their landlord.

Landlord Name: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

\_\_\_\_\_

Move In Date: \_\_\_\_\_

Total Monthly Rent: \$\_\_\_\_\_ Monthly Energy Costs: \$\_\_\_\_\_

Energy Bill Account #: \_\_\_\_\_ Please include a copy of the energy bill

Energy Bill Account Name: \_\_\_\_\_

Energy Vendor: \_\_\_\_\_

**Landlord Certification**

I agree to reduce the tenant's rent to the amount that excludes the energy cost, until the approved benefit is depleted. Once the approved benefit amount is depleted, the tenant's regular rental amount that includes the energy cost will be reinstated. If for any reason the tenant moves or is evicted before the funds are depleted, the remaining portion will be returned to the tenant. If the tenant cannot be located, any remaining LIHEAP balance will be remitted to the Tennessee Department of Treasury under the tenant's name.

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_