

LIHEAP Application Instructions

- 1.** Fill out application completely. DO NOT LEAVE anything blank.
- 2.** DO NOT FILL OUT THE GREY BOX IN THE RIGHT HAND CORNER MARKED FOR AGENCY USE ONLY.
- 3.** In the top left hand corner of the application put a check mark next to energy assistance. If you want crisis assistance call the office for an appointment. Crisis assistance is when you need immediate energy assistance such as when you have a disconnect notice.
- 4.** Where it says list all household members, fill out information for everyone in your household. Make sure to include your information under applicant name.
- 5.** If anyone in the home is classified as a Veteran or Active Military check mark yes underneath the household list. If not check mark no.
- 6.** Under family type check mark what best describes your family type.
- 7.** Fill out the declaration of disability if anyone in the home has a disability. If not leave it blank.
- 8.** Under household total income list income for everyone in the household 18 or older. Make sure to include yourself. Put every member with income on a separate line.
- 9.** If anyone in the household 18 years or older does not have any income you must fill out the Zero Income Form that is included in the application packet. High school student's income should not be counted, even if the student is 18 years or older. Proof of current enrollment in high school or report card must be included in this situation.
- 10.** The gross monthly income is the amount before anything has been taken out such as taxes, Medicare, etc.
- 11.** In the grey box underneath household total income be sure to check if you own, rent, are on section 8, or have public housing.
- 12.** Circle what type of energy source you have. If you have more than one energy source you must provide information for both if you want it to count toward your energy burden. We will only credit one of the accounts. List the one you want credited first.

- 13.** Where it says I certify that the above accounts in the name of _____, be sure to list the name listed on the account. If it is under your name list your name otherwise put the name of the person that is listed on the energy bill.

- 14.** Under application certification: check if you do or do not agree to have your information shared with other agencies.

- 15.** SIGN & DATE THE APPLICATION. If someone other than a member of the household is signing a power of attorney must be included with the supporting documents.

- 16.** DO NOT FILL OUT ANYTHING PAST THE APPICANT SIGNATURE.

PLEASE READ – VERY IMPORTANT!!

BELOW YOU WILL FIND A LIST OF WHAT YOU NEED TO BRING WITH YOU ON THE DAY OF YOUR APPOINTMENT.

Your application will be done in the office with you present.

☐ PROOF OF CURRENT INCOME FOR EVERYONE IN HOUSEHOLD. INCOME INCLUDES THE FOLLOWING:

- *Social Security
- *Wages (except for household members under 18)
- *SSI
- *Retirement / Pension
- *Rental Income
- *Families First / AFDC
- *Child Support
- *VA Income
- *ANY OTHER INCOME YOU RECEIVE**

~We can only accept your Social Security, SSI or VA benefit letter as proof of income

~For wages we **MUST** have 8 weeks of **current** check stubs

~Tax Returns are only accepted for self-employment until the deadline to file current year taxes

☐ COPIES OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS

*For children under the age of 1 WITHOUT a Social Security card, copy of birth certificate

☐ POWER OF ATTORNEY

*This is required if a client wishes for someone else to sign the application for them.

☐ 2ND ID – GOVERNMENT ISSUED

- * Driver's License
- *Insurance / MEDICARE Card
- *Passport
- *Voter Registration Card
- *School ID (only if child is currently in school)

☐ TWELVE (12) MONTHS DETAILED UTILITY BILL SHOWING COST AND USAGE OR RECEIPTS FOR WOOD, KEROSENE, COAL OR FUEL OIL AND CURRENT BILL–

Please ask your utility vendor for the SETHRA printout as they have worked to create a special printout for us

- * Name, address, phone number and your account number for your vendor is also required

☐ VETERANS AND ACTIVE MILITARY

- *For ACTIVE military personnel – Active Duty, Retiree or Reservist Military ID card
- *For Veterans – DD-214, Veteran's ID Card, State Issued ID with Veteran Status, etc...

SETHRA DOES NOT DISCRIMINATE AGAINST ANY PERSON BASED ON DISABILITY, RACE, COLOR, RELIGION, SEX, AGE OR NATIONAL ORIGIN

Funded By: THDA

Your appointment is scheduled for

_____ at _____ o'clock. If you cannot keep your appointment please call to reschedule.

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

*Application is not complete without applicant signature on page 2

Date Application Received:

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

- Energy Assistance Crisis Assistance

Have you received assistance under LIHEAP since October 1 through any TN Agency? Yes No

If yes, which agency provided assistance? _____

Applicant Name:		Telephone:	
		Cell:	Permission to Text? Y N
Current Address:	City:	State:	Zip:
Applicant Email:	County:		
Mailing Address (if different from Current Address):	City:	State:	Zip:

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

NAME (must provide first and last name)	Marital Status	Relation to Applicant	Social Security Number	Date of Birth	Age	Sex	Race (optional)	Highest Grade Completed	Vet or Active Military	Assistance for Disability?	Health Insurance	Income	Type of Income or Assistance
		Applicant							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	
									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	

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)
- Other

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

NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:

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

NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:

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

NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:

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



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



HOUSEHOLD TOTAL INCOME List income information for applicant and all household members. Use additional paper if more space is needed. Wages are only listed for household members 18 or older.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY INCOME	IF WAGES, HOW OFTEN PAID AND EMPLOYMENT START DATE

◆◆◆ YOU MUST ATTACH CURRENT INCOME DOCUMENTATION FOR EVERY PERSON IN THE HOUSEHOLD ◆◆◆

HOUSING (Please check one) OWN RENT SECTION 8 PUBLIC HOUSING AUTHORITY If Utilities are in Public Housing or Section 8 name, Amount of Utility "Overage" \$ _____

UTILITY COMPANY TO RECEIVE PAYMENT: (YOUR FIRST CHOICE)

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.

UTILITY COMPANY TO RECEIVE PAYMENT: (SECOND CHOICE)

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.

***** PLEASE ATTACH ANNUAL ENERGY USAGE DOCUMENTATION *****

Has your home ever been served under our Weatherization Assistance Program? Yes No

Are you interested in learning more about the Weatherization Program? Yes No

APPLYING FOR "CRISIS" ASSISTANCE? *Let's see if you qualify*

Do you have a utility disconnect notice, or are you past due? Y or N

Do you have less than \$25 on a pre-paid utility account? Y or N

If Y to either question, be sure to attach documentation.

In addition you must meet one of the following criteria:

- ___ A household member 60 or older
- ___ A child in the household 5 years of age or younger
- ___ A household member with a disability
- ___ A HH member who is an active member of the military or a veteran
- ___ Your household experiencing a qualifying uncontrollable circumstance

Please contact your local agency to discuss.

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 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 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 DO OR DO NOT AGREE THAT THE INFORMATION CONTAINED IN MY APPLICATION MAY 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, 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 the LIHEAP program.

To Be Completed By Agency Staff Only:

SIGNATURE OF DETERMINING AGENCY OFFICIAL: _____ DATE CERTIFIED: _____

SELF-DECLARE ZERO INCOME

(To be completed by the adult head of household)

Purpose: After all avenues of documenting zero income are exhausted, a signed Self-Declaration of Zero Income is permissible to use. The Applicant must fill out and sign the Self-Declaration of Zero Income form listing all household members declaring zero income, defined as income received, by all adult household members, within the past 30 day period of the LIHEAP application date.

Applicant Name: _____

Primary Address: _____

I do hereby certify members listed in this form **do not** receive income from the following resources:

- Wages, commissions, salaries, tips before any deductions
- Net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses)
- Regular payments from social security, TANF, railroad retirement, unemployment compensation, strike benefits from union funds, workers compensation, veteran's payments, training stipends, alimony, child support, regular adoption assistance, and military family allotments or money received from an absent family member or someone not living in the household
- Irregular income - a household member, whose irregular income is the result of occasional work such as mowing lawns, childcare, donating plasma, collecting cans/bottles, or a household income is from an informal child support agreement or cash gifts for the past thirty (30) days
- Regular insurance or annuity payments
- Net income from Social Security, pensions (private and government, including military retirement pay) and VA benefits. Excludes Medicare premiums, overpayment recovery, or garnishment payments
- Net college or university scholarships, grants, fellowships or assistantships
- Dividends and/or interest - Interest only to be counted if over \$200.00 per year and is withdrawn
- Net rental income and net royalties
- Periodic receipts from estates or trusts
- Net gambling or lottery winnings
- Black Lung benefits will be considered income except for the first \$20 of each monthly benefit.

Note: Please list below all household members eighteen (18) years and older self-declaring zero income.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

I certify that the information above is correct. Falsifying and/or withholding income information is a federal offense and I can be convicted to a fine of \$10,000 or imprisonment for no more than five years or both under the state of Tennessee Laws.

Signature of Applicant: _____

Date: _____

SELF-EMPLOYMENT INCOME FORM

Applicant Name: _____

Business Type: _____

How often income is received:

- Weekly
- Bi-Weekly
- Semi-Monthly
- Monthly

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

Have you filed taxes this current year? (circle one) 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 copy of last year's tax return.

Date Received	Form (Cash, check#, Money order#)	Amount	Business Expenses (type of expense and amount)	Net Income

I, _____, certify that this is a true and accurate record of my self-employment income within the past 30 days.

Applicant Signature

Date

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 Local LIHEAP Administrating Agency.

Landlord's signature: _____

Date: _____

Tenant's signature: _____

Date: _____