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**SOUTHEAST TENNESSEE
HUMAN RESOURCE AGENCY**

If you need assistance with filling out the application, please call 423-949-2191 ext.109, 115 or 142. SETHRA LIHEAP will be glad to assist you.

Once you have completed the application you can email it along with all documentation to liheap@sethra.us or mail back in the postage paid return envelope.

The below chart gives the updates income guidelines effective until September 30, 2020.

LIHEAP w/ 60% SMI Max

Family Size	0-50% of Poverty	51%-75% of Poverty	76%-100% of Poverty	101%-125% of Poverty	126% FPG - 60% of SMI (LIHEAP Income Standard)
1	\$0 – \$6,245	\$6,246 - \$9,368	\$9,369 - \$12,490	\$12,491 - \$15,613	\$15,614 - \$22,843
2	\$0 – \$8,455	\$8,456 - \$12,683	\$12,684 - \$16,910	\$16,911 - \$21,138	\$21,139 - \$29,987
3	\$0 – \$10,665	\$10,666 - \$15,998	\$15,999 - \$21,330	\$21,331 - \$26,663	\$26,664 - \$36,900
4	\$0 – \$12,875	\$12,876 - \$19,313	\$19,314 - \$25,750	\$25,751 - \$32,188	\$32,189 - \$43,928
5	\$0 – \$15,085	\$15,086 - \$22,628	\$22,629 - \$30,170	\$30,171 - \$37,713	\$37,714 - \$50,956
6	\$0 – \$17,295	\$17,296 - \$25,943	\$25,944 - \$34,590	\$34,591 - \$43,238	\$43,239 - \$57,985
7	\$0 – \$19,505	\$19,506 - \$29,258	\$29,259 - \$39,010	\$39,011 - \$48,763	\$48,763 - \$65,013
8	\$0 – \$21,715	\$21,716 - \$32,573	\$32,574 - \$43,430	\$43,431 - \$54,288	\$54,289 - \$72,041

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 APPLICANT 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

* Child Support

* Retirement / Pension

* VA Income

* Rental Income

* Families First / AFDC

*** 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 PROGRAM (LHEAP) 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 LHEAP program since October 1, 2019 through any TN LHEAP 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 Name:

Telephone: Cell:

Current Address:

City:

State:

Zip:

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) Applicant Name:	MARITAL STATUS	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	RACE	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)
							(Optional to Provide) White, Black, Hispanic, Asian/Pacific Islander, Native American, Native Alaskan, Other - define					
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	

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

FAMILY TYPE (check one)	DECLARATION OF DISABILITY	(Please use additional paper if more space is needed)
Single Parent Female <input type="checkbox"/>	NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:	
Single Parent Male <input type="checkbox"/>	DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? (circle) YES NO	
2 Parent Household <input type="checkbox"/>	NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:	
Single Person Female (no children) <input type="checkbox"/>	DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? (circle) YES NO	
Single Person Male (no children) <input type="checkbox"/>	NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:	
More Than One Adult (no children) <input type="checkbox"/>	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

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.

NAME	SOURCE OF INCOME	GROSS MONTHLY INCOME	IF EMPLOYED, PROVIDE EMPLOYER'S NAME & ADDRESS

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

SOURCE(S) OF ENERGY: (Circle)

Wood Electric
Coal Kerosene
Natural Gas L.P. Gas

PUBLIC HOUSING/SECTION 8 TENANTS ONLY

Amount of Utility "Overage" \$

HOME ENERGY COSTS:

UTILITY or ENERGY COMPANY TO RECEIVE PAYMENT:

Utility Company Name:

Utility Company Address:

Phone #:

Account #:

UTILITY or ENERGY COMPANY TO RECEIVE PAYMENT:

Utility Company Name:

Utility Company Address:

Phone #:

Account #:

(PLEASE ATTACH ANNUAL ENERGY USAGE DOCUMENTATION)

I CERTIFY THAT THE ABOVE ACCOUNT(S) IN THE NAME OF

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

Has your home ever been served under our Weatherization Assistance Program? Y or N Are you interested in that 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 I AUTHORIZE TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT MUST SIGN AND PROVIDE 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 UNDERSTAND THAT THE IDENTIFICATION 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 OR RECORD OWNER OF 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:

Number of Household Members Who Are:

Age under 12 months
Age 2 years or under
Age 3-5 years
Age 60-69 years
Age 70 or older

DATE/TIME TAKEN:

TOTAL POINTS:

ELIGIBLE BENEFIT LEVEL \$

% OF POVERTY VOUCHER #:

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

SIGNATURE OF DETERMINING AGENCY OFFICIAL:

DATE CERTIFIED:

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.

(SETHRA)

Self-Declaration of Zero Income

Application Date: ____/____/____

I _____ certify that the following household members 18
(Printed Applicant Name)

years or older have zero income:

Name: _____ claim zero income within 30 days from the application date listed above.

Name: _____ claim zero income within 30 days from the application date listed above.

Name: _____ claim zero income within 30 days from the application date listed above.

Name: _____ claim zero income within 30 days from the application date listed above.

Name: _____ claim zero income within 30 days from the application date listed above.

Note: All household members self-declaring zero income, even when someone in the home has income, will need to be listed on this form. Current employment separation letters must be attached to this signed form.

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: _____

**All avenues for
documentation have been
exhausted**

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: _____

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

Energy Bill Account #: _____ (Please include a copy of the energy bill)

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: _____

Self-Employment Form

Name: _____

Address: _____

Business Income Type:

Income received:

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

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

Date Received	Form (Cash, check#, Money order#)	Amount

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

Signature

Date