

******YOU CANNOT APPLY FOR LIHEAP IF YOU HAVE A LIHEAP CREDIT ON YOUR UTILITY ACCOUNT!!******



Upper East Tennessee
Human Development Agency



LIHEAP Applicants

We will need the following information in order to complete your application:

- Complete application. Do not leave any area blank. **Be sure to sign it!**
- Government issued ID (Must be valid) for the Household member who signs the application.
- Social security cards for **everyone** in the house.
- Proof of **Gross** income for everyone in the house for the last 30 days. Please provide current SSA/SSI Award Letters, Pay stubs, Child Support, Families First, Retirement, Alimony, and/or Self-Employment Statement. We CANNOT use bank statements.
 - Head of household must sign a Zero Income statement for anyone over the age of 18 that has no income.
 - If the whole household doesn't have income then a Statement of Support must be completed with a Zero Income Statement form.
- Proof of veteran or active military status. (VA ID card, DD214, etc.)
- Copy of current utility bill(s).
- You must provide a print out from your energy provider(s) that shows your usage for the last 12 months, or however long you have lived at your current address. **List the name of the vendor that you want to receive help with under *1st Choice* on your application.** (Electric, Natural Gas, Propane, Kerosene, Wood or Coal)
- If you live in Public Housing and receive any type of Utility Allowance or Reimbursement, you must provide written proof from the Housing Authority of the amount of your allowance.

Please send copies of all documentation mailed together. We cannot return originals.

Please do not turn in your application if you do not have all required documents. You can mail your completed application and required documents to

**UETHDA LIHEAP
PO Box 46
Kingsport, TN 37662**

**If you have any questions or need assistance filling out the application,
please call us at 423-246-6180**



FACT SHEET FOR LIHEAP APPLICANTS REFERRED TO THE WEATHERIZATION ASSISTANCE PROGRAM

Referral Procedures

If you are interested in having your house or apartment weatherized and have not received such assistance at your present address since September 30, 1994, you will be referred to the Weatherization Assistance Program (WAP) if you check that you are interested in WAP on the back of your LIHEAP application.

Due to limited funds for the WAP and the possible backlog of eligible persons whose applications have been approved, there may be a delay of several weeks, months, or longer before assistance may be available to you. Such delays are caused by local agency backlogs and vary in length across the state.

If you wish, you may contact the WAP office regarding your application at the following address and telephone number:

Weatherization Assistance Program
301 Louis Street Kingsport TN
37662
Kingsport, TN 37662
423-246-6180

The WAP staff will contact you when your application is processed.

Services available under WAP

Please note that the following services are based upon building conditions, recommendations on energy surveys and expenditure limits:

1. Insulation of attic, floor, and electric water heaters
2. Caulking of doors and windows
3. Installation of weather stripping and thresholds
4. Installation of smoke detectors
5. Installation of CO monitor
6. Replacement/repair of water heater
7. Replacement refrigerator
8. Replacement/repair of Heat Pump
9. Replacement/repair vapor barrier



Upper East Tennessee Human Development Agency
 Low Income Home Energy Assistance Program (LIHEAP)



October 1, 2019 thru September 30, 2020

APPLICANT INFORMATION (PRINT ONLY)

Your Name:		SSN:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	Citizenship: <input type="checkbox"/> Us Born <input type="checkbox"/> Other: _____		Phone: _____	
Street Address:		City:	Zip Code:	County:
Mailing Address (If Different): _____				
Source of Income: <input type="checkbox"/> No Income <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> VA Benefits <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Families First <input type="checkbox"/> Child Support				
How are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			Amount: _____	
Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Section 8	Are You Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education: <input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> 12+ Post-secondary (Choose one: <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> Master <input type="checkbox"/> Doctoral				
Are you: <input type="checkbox"/> Employed <input type="checkbox"/> In Job Training or Other Training <input type="checkbox"/> Retired <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Not Employed				
Race (Mark One Answer): <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mid-Easterner <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other:				
Marital Status (Check One): <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated				
Household Type: <input type="checkbox"/> Single Person <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two Adults/ No Children <input type="checkbox"/> Other:				

Are you or anyone in your home classified as a Veteran or Active Military: Yes No

* If yes, provide one of the following: Military I.D. Card, Form DD-214, Letter from V.A.*

OTHER PEOPLE WHO LIVE IN THE HOME (PLEASE USE ADDITIONAL PAPER IF YOU NEED MORE SPACE)

Name: _____	Relationship to Applicant: _____	Citizenship: <input type="checkbox"/> Us Born <input type="checkbox"/> Other:
SSN: _____	Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Health Insurance? _____
Monthly Income: _____	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education: _____ Race: _____
Name: _____	Relationship to Applicant: _____	Citizenship: <input type="checkbox"/> Us Born <input type="checkbox"/> Other:
SSN: _____	Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Health Insurance? _____
Monthly Income: _____	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education: _____ Race: _____
Name: _____	Relationship to Applicant: _____	Citizenship: <input type="checkbox"/> Us Born <input type="checkbox"/> Other:
SSN: _____	Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Health Insurance? _____
Monthly Income: _____	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education: _____ Race: _____
Name: _____	Relationship to Applicant: _____	Citizenship: <input type="checkbox"/> Us Born <input type="checkbox"/> Other:
SSN: _____	Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Health Insurance? _____
Monthly Income: _____	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education: _____ Race: _____

Name: _____ Relationship to Applicant: _____ Citizenship: Us Born Other:
SSN: _____ Date of Birth: _____ Sex: Male Female Health Insurance? _____
Monthly Income: _____ Disabled: Yes No Education: _____ Race: _____

Does anyone in the household receive: Food Stamps Supplemental Security Income Families First Cash Assistance

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

Are you interested in that program? Yes No

TYPE OF ASSISTANCE YOU ARE APPLYING FOR: PLEASE CHECK ONE):

Energy Assistance Crisis Assistance Public Housing Utility Allowance: _____

Source of Energy: Electric Gas Wood Propane Oil Kerosene Coal

1st choice: Name of Energy Supplier to Receive Payment: _____

Name on Account: _____ Account Number: _____

2nd choice: Name of Energy Supplier to Receive Payment: _____

Name on Account: _____ Account Number: _____

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT. I ATTEST UNDER PENALTY OF PERJURY THAT THE APPLICANTS EITHER A UNITED STATES CITIZEN OR A QUALIFIED ALIEN AS DEFINED BY U.S.C § 164I(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'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.

Agency Personnel Only:

Total Points: _____ Eligible Benefit Level: \$ _____ % of Poverty: _____ Total Annual Gross Income: \$ _____

Signature of Determining Agency Official: _____ Date: _____



**Upper East Tennessee Human Development Agency, Inc.
Customer Grievance Procedures**

UETHDA is a public agency serving the people of our community through the operation of federal, state, and locally funded programs. UETHDA's goal is to provide as many effective programs and as much assistance as possible to the disadvantaged of our community. A dedicated staff strives to plan and implement programs aimed at meeting the short-term and emergency needs of the poor as well as developing their eventual self-sufficiency and economic independence.

Any customer who feels he/she has been discriminated against, treated unfairly, or who disagrees with the application of a policy to him/her as a program participant, may file a grievance. Complaints and grievances shall be given prompt and fair consideration according to the procedures outlined below. No adverse action will be taken against any individual for participating in the grievance procedure, either as a complainant, a representative, or a witness.

Grievance Procedures

Unless another procedure is set forth for a specific program, the following mechanism shall be used for the processing of client complaints, and grievances:

Any customer having a complaint or grievance shall first inform the staff person serving him/her and the Community Services Director. If the complaint is against the person serving him/her, the client may directly contact the Community Services Director. The Community Services Director will meet with the client on an informal basis, review the complaint, and attempt to adjust the matter satisfactorily. Community Services Director for Weatherization is:

**Norma Tremblay, Director
Community Services
Phone: 423-384-8578**

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis: Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief.

Any customer who feels he/she has been discriminated against and whose complaint has not been resolved at the program level should contact the UETHDA Human Resource Director or the UETHDA Executive Director at: 301 Louis Street; mailing address: UETHDA, PO Box 46, Kingsport, TN 37662; or by telephone: 423-246-6180.

X _____

Customer Signature 07/2018



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CLIENT COPY – KEEP FOR YOUR RECORDS 07/2018

Upper East Tennessee Human Development Agency

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: _____