

*****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. Options: license, state ID, military ID, birth certificate, and voter's registration card.
- 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.
- 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**



Upper East Tennessee Human Development Agency



Low Income Home Energy Assistance Program (LIHEAP)

October 1, 2020 through September 30, 2021

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: _____	
Employment: <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed				
Health Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military <input type="checkbox"/> Employment Based <input type="checkbox"/> No Health Insurance				
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		Highest Grade Completed? _____
Race (Mark One Answer): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other: _____				
Marital Status (Check One): <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
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: _____ D.O.B: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____ Health Insurance: _____				
Highest Grade Completed: _____ Martial Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Employment: <input type="checkbox"/> Employed <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed				
Name: _____ Relationship to Applicant: _____ Citizenship: <input type="checkbox"/> Us Born <input type="checkbox"/> Other: _____				
SSN: _____ D.O.B: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____ Health Insurance: _____				
Highest Grade Completed: _____ Martial Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Employment: <input type="checkbox"/> Employed <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed				
Name: _____ Relationship to Applicant: _____ Citizenship: <input type="checkbox"/> Us Born <input type="checkbox"/> Other: _____				
SSN: _____ D.O.B: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____ Health Insurance: _____				
Highest Grade Completed: _____ Martial Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Employment: <input type="checkbox"/> Employed <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed				

Name: _____ Relationship to Applicant: _____ Citizenship: Us Born Other: _____

SSN: _____ D.O.B: _____ Sex: Male Female Race: _____ Health Insurance: _____

Highest Grade Completed: _____ Martial Status: Never Married Married Separated Divorced Widowed
Disabled Yes No Employment: Employed Employed Full Time Employed Part Time Retired Not Employed

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 since Sept. 1, 1994? 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 § 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 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: _____