



Upper East Tennessee
Human Development Agency



LIHEAP Applicants

- **CONTINUE TO PAY YOUR ENERGY BILLS after submitting this application to avoid disconnection.**
- If you still have a credit on your account from our energy assistance program, please do not apply until it is all gone.
- Note: Applications that are not signed or that are missing required documentation will result in an incomplete application. You will receive a letter about your application if it is incomplete. Required documentation must be returned within 15 business days to avoid your application being denied.

WE WILL NEED THE FOLLOWING INFORMATION IN ORDER TO PROCESS YOUR APPLICATION:

Complete all pages of the application, do not leave any area blank and **BE SURE TO SIGN IT!**

Government issued ID (Must be valid) for the household member who signs the application.
Options: license, state or federal ID, passport, military ID, birth certificate, and voter's registration card.

Social security cards for **everyone** in the household.

Proof of veteran or active military status. (VA ID card, DD214, etc.)

Proof of **gross income** for everyone in the household for the last 30 days. Please provide current SSA/SSI award letters, paystubs, child support, families first, retirement, and alimony. For self-employment: acceptable proof could be a statement, current tax return, well maintained documents or complete a self employment form.

Household member who signs the application must list all members 18 years and older in the household who have no income on the zero income statement provided with the application. Be sure to sign it!

You must provide a current bill and 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 energy provider that you want to receive help with under 1st choice on the first page of your application. (Electric, natural gas, propane, kerosene, wood, oil, or coal).

If your electric bill is in the name of a Public Housing Authority, you must provide written proof from the Housing Authority of your monthly overages and tenant data sheet.

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 documentation to:

By mail: UETHDA LIHEAP
PO Box 46
Kingsport, TN 37662

By email: liweapapps@uethda.org
Please put your name in the subject line.

APPLICANT INFORMATION



Upper East Tennessee
Human Development Agency



For Office use only

Date Received:
Received By:

Low Income Home Energy
Assistance Program (LIHEAP)

Effective October 1, 2023 Expires September 30, 2024

(Please fill out or circle the questions below)

Legal Name:	Date of Birth:	SSN:
Address:	City:	TN Zip:
Mailing Address:	Phone:	
Household Type: <i>Single Two-Parent Household Single Parent Two Adults/No Children Other</i>		
Housing: <i>Own Rent Public Housing</i>	Does anyone in the household receive food stamps: <i>Yes No</i>	
Is a household member classified as a Veteran or Active Military? <i>Yes No (If yes, please provide proof)</i>		
Email Address:	Hispanic/Latino? <i>Yes No</i>	
Race: <i>White Black Asian Multi-Racial</i>	Citizenship: <i>US Born/Naturalized Registered Alien Non-Citizen</i>	
Employment: <i>Full Time Part Time Retired Not in Labor Force Seeking a job since:</i>		
Health Insurance: <i>TennCare/Medicaid Medicare Military Private Employment Based None</i>		
Marital Status: <i>Never Married Married Separated Divorced Widowed Not Applicable</i>		
Education: <i>Non-Grad HS Grad GED 2 or 4 Yr College Grad Masters Degree+</i>		
Disability? <i>Yes No</i>	Sex: <i>Male Female</i>	Primary Language Spoken in Household: <i>English Spanish</i>
Source of Income: <i>No Income Employment Social Security SSI Unemployment Benefits</i>		
<i>VA Benefits Pension Retirement Families First Child Support Other: _____</i>		
How are you paid? <i>Weekly Bi-Weekly Semi-Monthly Monthly</i>		

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

Are you interested in the Weatherization Program? *Yes No*

Account Information:

1st Choice: Energy Supplier to Receive Payment: _____	Energy Type: <i>Electric Gas Wood</i> <i>Propane Oil Kerosene</i> <i>Coal</i>
Name on Account: _____	
Account Number: _____	
2nd Choice: Energy Supplier to Receive Payment: _____	Energy Type: <i>Electric Gas Wood</i> <i>Propane Oil Kerosene</i> <i>Coal</i>
Name on Account: _____	
Account Number: _____	

Public Housing tenants please provide: Tenant history sheet and energy usage from Housing Authority

Tell Us About the People Who Live With You: (More spaces on the back)

Legal Name:	Date of Birth:	SSN:
Relation to Applicant:	Hispanic/Latino? <i>Yes No</i>	
Race: <i>White Black Asian Multi-Racial</i>	Citizenship: <i>US Born/Naturalized Registered Alien Non-Citizen</i>	
Employment: <i>Full Time Part Time Retired Not in Labor Force Seeking a job since:</i>		
Health Insurance: <i>TennCare/Medicaid Medicare Military Private Employment Based None</i>		
Marital Status: <i>Never Married Married Separated Divorced Widowed Not Applicable</i>		
Education: <i>Non-Grad HS Grad GED 2 or 4 Yr College Grad Masters Degree+</i>		
Disability? <i>Yes No</i>	Sex: <i>Male Female</i>	Primary Language Spoken: <i>English Spanish</i>
Source of Income: <i>No Income Employment Social Security SSI Unemployment Benefits</i>		
<i>VA Benefits Pension Retirement Families First Child Support Other: _____</i>		
How are you paid? <i>Weekly Bi-Weekly Semi-Monthly Monthly</i>		

APPLICANT INFORMATION

PAGE TWO

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

Legal Name:		Date of Birth:		SSN:	
Relation to Applicant:			Hispanic/Latino? Yes No		
Race: <i>White Black Asian Multi-Racial</i>		Citizenship: <i>US Born/Naturalized Registered Alien Non-Citizen</i>			
Employment: <i>Full Time Part Time Retired Not in Labor Force Seeking a job since:</i>					
Health Insurance: <i>TennCare/Medicaid Medicare Military Private Employment Based None</i>					
Marital Status: <i>Never Married Married Separated Divorced Widowed Not Applicable</i>					
Education: <i>Non-Grad HS Grad GED 2 or 4 Yr College Grad Masters Degree+</i>					
Disability? Yes No		Sex: <i>Male Female</i>		Primary Language Spoken: English Spanish	
Source of Income: <i>No Income Employment Social Security SSI Unemployment Benefits</i>					
<i>VA Benefits Pension Retirement Families First Child Support Other: _____</i>					
How are you paid? <i>Weekly Bi-Weekly Semi-Monthly Monthly</i>					

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Relation to Applicant:			Hispanic/Latino? Yes No		
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Source of Income: <i>No Income Employment Social Security SSI Unemployment Benefits</i>					
<i>VA Benefits Pension Retirement Families First Child Support Other: _____</i>					
How are you paid? <i>Weekly Bi-Weekly Semi-Monthly Monthly</i>					
(Please use additional paper if needed)					

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.C1641(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 no 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.

X: Applicant Signature: _____ Date: _____

Note: Applications that are not signed or that are missing required documentation will result in an incomplete application that will be denied in 15 business days if we do not receive it back within the time frame.

***Please continue to pay your energy bills after submitting this application to avoid disconnection.**



SELF-DECLARATION OF ZERO INCOME

(To be completed by the applicant)

Purpose: Only after all avenues of documenting zero income have been exhausted, a signed Self-Declaration of Zero Income is permissible to use. The Applicant must fill out and sign this form in its entirety, listing all adult household members declaring zero income within the last 30 days.

Applicant Name: _____

Primary Address: _____

I do hereby certify members listed on this form **have not** received income from the following resources within the last 30 days:

- Wages, 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 regular support from an absent family member or someone not living in the household
- Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments
- Net college or university scholarships, grants, fellowships or assistantships
- Dividends and/or interest
- Net rental income and net royalties
- Periodic receipts from estates or trusts; and
- 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 an older self-declaring zero income.

Name: _____

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: _____