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

→→→ Application is not complete without required documentation and signature on page 2 ←←←

Date Application Received:

Have you received assistance under LIHEAP since October 1 through any TN Agency?

☐ Yes ☐ No If Yes, which agency? _____

Last Name:	First Name:	Middle:	Email: *Required

Physical Address:	City:	State: TN	Zip:
Mailing Address: (if different)	City:	State:	Zip:

Phone:	Alternate Phone:	County:

Please select all that apply:

Do you have a utility disconnect, past due, disconnected, an eviction notice due to utility overage, unpaid rent, are running or are out of fuel, your heat/airunit is not working properly? (circle one) Y or N

If Yes, documentation must be attached.In addition you must meet one of the following criteria: (Please check ALL that apply) Documentation is required for circumstances marked.

_____A household member 60 years or older in the home

_____A household member 5 years or younger in the home

_____A household member who is disabled (either receiving disability income or a verification of disability form)

_____A household member who is a veteran or active military

_____A household member requiring life support equipment

_____Household wage earner lost their job or died within the last 12 months

_____Household wage earner left the home within the last 45 days

_____Household wage earner experienced a loss of significant work hours in the past 30 days

_____Non-functioning or mal-functioning HVAC system in the home

_____Unanticipated medical or major household expense that exceeds 100% of your utility bill

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

(Provide name & information for each HH member) LAST NAME	FIRST NAME	M.I.	SOCIAL SECURTIY NUMBER	DATE OF BIRTH	SEX	RACE	Ethnicity	US Citizen/ Qual Alien	Vet or Military	Receive Asst for Disability	INCOME	TYPE OF INCOME
								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	

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

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).

HOUSEHOLD TOTAL INCOME: List income information for applicant and all household members. Wages are only listed for household members 18 or older.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	MONTHLY INCOME	HOW OFTEN INCOME RECEIVED

INCOME DOCUMENTATION FOR THE MOST RECENT 30 DAYS MUST BE ATTACHED FOR EVERY PERSON IN THE HOUSEHOLD
A VERIFICATION OF INCOME AND EXPENSES FORM IS REQUIRED IF THERE ARE ANY ADULT HOUSEHOLD MEMBERS CLAIMING ZERO INCOME

HOUSING: (Please check one) ☐ OWN ☐ RENT ☐ OTHER ☐ RENT w/ utilities included (Landlord/Tenant form required) ☐ UNKNOWN

UTILITY INFORMATION

UTILITY COMPANY TO RECEIVE BENEFIT PAYMENT:

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.

*** **ATTACH 12 MONTHS OF ENERGY USAGE DOCUMENTATION FROM ALL ENERGY SOURCES*****

Has your home been served under our Weatherization Assistance Program in the last 15 years? ☐ Yes ☐ No

Applicant Certification

I HEREBY CERTIFY THAT I UNDERSTAND THAT UNDER TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY U.S. DEPARTMENT OR AGENCY, AND THIS PROGRAM IS A FEDERAL PROGRAM ADMINSITERED BY A FEDERAL AGENCY THROUGH THDA.

I FURTHER CERTIFY THAT I UNDERSTAND THAT UNDER TITLE 13, PUBLIC PLANNING AND HOUSING, CHAPTER 23, SECTION 133 OF THE TENNESSEE CODE ANNOTATED STATES, IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY MAKE, UTTER, OR PUBLISH A FALSE STATEMENT OF SUBSTANCE OR AID OR ABET ANOTHER PERSON IN MAKING, UTTERING, OR PUBLISHING A FALSE STATEMENT OF SUBSTANCE FOR THE PURPOSE OF INFLUENCING THDA OR ITS GRANT RECIPIENT TO ALLOW PARTICIPATION IN ANY OF ITS PROGRAMS.

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 LIHEAP.

SIGNATURE OF DETERMINING AGENCY OFFICIAL: _____ DATE CERTIFIED: _____