For Agency Use Only
Date Application Received:
Date Application Completed:

Application for Low Income Home Energy Assistance Program (LIHEAP)

Type of assistance you are applying for:

☐ Energy Assistance ☐ Crisis Assistance

Have you received assistance under LIHEAP program through any TN LIHEAP Agency? ☐ Yes ☐ No

If yes, which agency provided assistance and when? ______________________________

Household Information

Primary Address	City or Town	State	Zip	County

Head of Household Information

First Name	Middle Initial	Last Name

Please complete individual information sheets for each household member, including head of household

Address and Contact Detail

Primary Telephone	Secondary Telephone	Email Address (optional)

Mailing Address (if different from above)	City or Town	State	Zip	County

Family Detail

Family Type: ☐Single Individual ☐Female Single Parent ☐Male Single Parent ☐Adult(s) w/Child(ren) ☐Adult(s) w/out Child ☐Other______________________________

Home type: ☐Own ☐Rent ☐Section 8 ☐Public Housing

Do you have a signed medical statement that states someone in your household requires life support equipment? ☐Yes ☐No

Items you will need when you submit this application

1. The application, completed in its entirety
2. A household member record for each household member, including head of household
3. An income detail sheet for each household member age 18 or older
4. Social Security Number verification for every individual in the household. Assistance will be denied due to an applicant's refusal to furnish all household members social security numbers and verification.
5. Income documentation (pay stubs, etc.)
6. Annual energy consumption documentation.

Household Member Sheet
Application for LIHEAP Assistance **Head of Household Name: ______________________________**

Household Member Information Sheet (please use additional sheets as needed)

Note: Assistance will be denied due to an applicant's refusal to furnish all household members' Social Security Numbers and verification

Number of members in household:_______________

First Name	Middle Initial	Last Name

Gender	Date of Birth	Social Security Number

Relationship to household: ☐Head of Household ☐Spouse ☐Child ☐Foster Child ☐Grandchild ☐Adult Child ☐Parent ☐Grandparent ☐Other Relation ☐Not Related

Race (please select one): ☐White ☐Black/African American ☐Asian ☐American Indian/Alaska Native ☐Native Hawaiian/Other Pacific Islander ☐Multi-Racial ☐Other_________________________

Hispanic/Latino? ☐Yes ☐No

Citizenship: ☐U.S. Born/Naturalized ☐Eligible Legal Resident ☐Non-Eligible Legal Resident ☐Undocumented Resident

Employment, if over 18 (please select one): ☐Full Time ☐Part Time ☐Retired ☐Seeking Work ☐Unemployed ☐Not Available ☐Other ______________________ ☐Not Applicable

Do you have medical insurance? ☐ Yes ☐ No

Education, if over 18: ☐0-8th Grade ☐9-12th Grade ☐High School Grad/GED ☐Non-High School Grad/GED ☐12+ Some Post Sec. ☐2 or 4 Yr. College Grad ☐4 Yr. College Grad

Disability: ☐None ☐Mental Illness ☐Learning ☐Cognitive ☐Visual ☐Speech ☐Hearing ☐Deaf ☐Breathing ☐Orthopedic ☐Other_________________________

First Name	Middle Initial	Last Name

Gender	Date of Birth	Social Security Number

Relationship to household: ☐Head of Household ☐Spouse ☐Child ☐Foster Child ☐Grandchild ☐Adult Child ☐Parent ☐Grandparent ☐Other Relation ☐Not Related

Race (please select one): ☐White ☐Black/African American ☐Asian ☐American Indian/Alaska Native ☐Native Hawaiian/Other Pacific Islander ☐Multi-Racial ☐Other_________________________

Hispanic/Latino? ☐Yes ☐No

Citizenship: ☐U.S. Born/Naturalized ☐Eligible Legal Resident ☐Non-Eligible Legal Resident ☐Undocumented Resident

Employment (if over 18): ☐Full Time ☐Part Time ☐Retired ☐Seeking Work ☐Unemployed ☐Not Available ☐Other ______________________ ☐Not Applicable

Do you have medical insurance? ☐ Yes ☐ No

Education(if over 18): ☐0-8th Grade ☐9-12th Grade ☐High School Grad/GED ☐Non-High School Grad/GED ☐12+ Some Post Sec. ☐2 or 4 Yr. College Grad ☐4 Yr. College Grad

Disability: ☐None ☐Mental Illness ☐Learning ☐Cognitive ☐Visual ☐Speech ☐Hearing ☐Deaf ☐Breathing ☐Orthopedic ☐Other_________________________

--Please attach income detail sheet(s) per household member 18 years or older—

Income Detail Sheet

Application for LIHEAP Assistance

Head of Household Name: ______________________________

Household Member Name: ______________________________

Income Detail Sheet (please attach one sheet per household member, more than one if necessary)

Note: All sources of income must be reported with the exception of employment income for household members under age 18

Income: Is this income current? ☐Yes ☐No

Income Type: ☐Alimony/Child Support ☐Pension ☐Salary/Wages ☐Social Security ☐SSDI ☐SSI ☐TANF/AFDC ☐Unemployment ☐No income

Income Period: ☐Weekly ☐Bi-Weekly ☐Semi-Monthly ☐Monthly ☐Quarterly ☐Annually

Gross Amount per Income Period: ______________________________

Type of Documentation Provided: ______________________________

Employer Detail

Employer Name	Address	City	State	Zip	Length of Empl.

Income: Is this income current? ☐Yes ☐No

Income Type: ☐Alimony/Child Support ☐Pension ☐Salary/Wages ☐Social Security ☐SSDI ☐SSI ☐TANF/AFDC ☐Unemployment ☐No income

Income Period: ☐Weekly ☐Bi-Weekly ☐Semi-Monthly ☐Monthly ☐Quarterly ☐Annually

Gross Amount per Income Period: ______________________________

Type of Documentation Provided: ______________________________

Employer Detail

Employer Name	Address	City	State	Zip	Length of Empl.

Income: Is this income current? ☐Yes ☐No

Income Type: ☐Alimony/Child Support ☐Pension ☐Salary/Wages ☐Social Security ☐SSDI ☐SSI ☐TANF/AFDC ☐Unemployment ☐No income

Income Period: ☐Weekly ☐Bi-Weekly ☐Semi-Monthly ☐Monthly ☐Quarterly ☐Annually

Gross Amount per Income Period: ______________________________

Type of Documentation Provided: ______________________________

Employer Detail

Employer Name	Address	City	State	Zip	Length of Empl.

--Please attach more sheets as necessary to document income—

Note: All sources of income must be reported with the exception of employment income for household members under age 18

LIHEAP Specific Information

Application for LIHEAP Assistance

Head of Household Name: ____

LIHEAP Application Detail

Source(s) of Energy: ☐Wood ☐Electric ☐Fuel Oil ☐Coal ☐Kerosene ☐Natural Gas ☐L.P. Gas

Home Energy Costs:	*Public Housing/Section 8 Tenants Only*
$________________________	Amount of Utility "Overage" $_____

Utility or Energy company to receive payment:	**Additional Utility or Energy company:**
Utility Company Name:	Utility Company Name:
Utility Company Address:	Utility Company Address:
Phone:	Phone:
Account #:	Account #:

Please attach annual energy usage documentation.

I certify that the above account(s) in the name of____

(last 4 digits of SSN)__________relationship___________________is for the use of my household and I am responsible for its payments.

Is this account in your landlord's name? ☐Yes ☐No

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

Are you interested in that program? ☐Yes ☐No

If applying for crisis assistance, please tell us why in the space below:

Has your electric of gas been disconnected? ☐ Yes ☐ No Have you received a cut off notice? ☐ Yes ☐ No

If you have received a cut off notice, please attach a copy to this application

Applicant Certification

I certify that all of the information provided by me is true and correct. 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 attest under penalty of perjury that all persons applying for or receiving aid are either a United States citizen or qualified alien as defined by 8 USC § 1641(b), or eligible immigrants. 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.

To be completed by agency staff only

Eligible benefit level $_____________Total annual gross income for all household members over age 18 $_____________

Voucher #:___________________________Date/Time taken: ___________________

Date/Time vendor notified:________________________

Application Status: ☐Approved ☐Denied

% of poverty:________________________

Total points:____________________

Signature of agency reviewer official:____

Date Certified:____________________