UC HRA Upper Cumberland Human Resource Agency

Documents Needed for LIHEAP Application

1. Applicant's Current Driver's License or Birth Certificate (If the applicant has an award letter, an open Food Stamp case or a Benefit ID card in their name, you can use this if unable to provide your DL or Birth Certificate).

2. Social Security cards for everyone in the household.

3. Proof of income for everyone in the household that is 18 years or older:
    - If paid weekly, will need the last four (4) current pay stubs
    - If paid bi-weekly, will need the last two (2) current pay stubs
    - If paid semi-monthly, will need the last two (2) current pay stubs
    - If paid monthly, will need the current month pay stub

4. If a member in your household is 18 years or older doesn't have income, then fill out the self-declaration of zero income and list all members 18 years or older without income on the form.

5. If the whole household has zero income, then the statement of support will need to be filled out and signed by the person supporting the household. The self-declaration of zero income will need to be filled out also.

6. Most current electric or natural gas bill. If utilizing propane, wood or kerosene, then proof of fill ups for the last year.

7. If your energy bill isn't in your name, then you will need to have the person that has the bill in their name fill out the responsibility statement.

8. 12-month printout of charges from energy supplier.

Application for Low Income Home Energy Assistance Program (LIHEAP)

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

Type of assistance you are applying for:

☐ Energy Assistance ☐ Crisis Assistance

Have you received assistance under LIHEAP program since **October 1, 2022** through any TN LIHEAP Agency? ☐ Yes ☐ No

If yes, which agency provided assistance? _ _____

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. Government issued identification for the head of household.
3. A household member record for each household member, including head of household
4. An income detail sheet for each household member age 18 or older
5. 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.
6. 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 ☐Full Time ☐Part Time ☐Retired ☐Seeking Work ☐Unemployed ☐Not Available

(please select one): ☐Other _____ ☐Not Applicable

Do you have medical insurance? ☐ Yes ☐ No Type (Circle One): Medicare Military Medicaid Employer Based Other

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_____

Veteran or Active Military: ☐ Yes ☐ No

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 Type (Circle One): Medicare Military Medicaid Employer Based Other

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_____

Veteran or Active Military: ☐ Yes ☐ No

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

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

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:
Utility Company Name:
Utility Company Address:
Phone:
Account #:

Additional Utility or Energy company:
Utility Company Name:
Utility Company Address:
Phone:
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:_____

UCHRA Upper Cumberland Human Resource Agency

CLIENT CERTIFICATION FORM

NON-DISCRIMINATION

No person on the basis of handicap, race, color, religion, sex, age or national origin will be excluded from participation in, or denied benefits of, or otherwise subjected to discrimination in the operation of the LIHEAP, or any CSBG Program.

GRIEVANCE STATEMENT

Please be aware that if an application is denied for any reason other than lack of funding the applicant has the right to appeal the decision. If you wish to file an appeal please contact your local UCHRA office or Judy Sanchez, Community Services Program Manager, at 931-528-1127 or by mail at 580 S. Jefferson Ave., Suite B; Cookeville TN 38501.

CONFIDENTIALITY STATEMENT

Please be aware that your information will not be shared with other organizations or persons without your consent. Please check on the application when asked if you do or do not agree to the sharing of your information with the exceptions below under release of information.

NOTIFICATION OF CHANGE TO HOUSEHOLD

I understand that I must inform the Upper Cumberland Human Resource Agency of any change to household information concerning income, address, energy supplier, energy supplier account number, household size and or any other changes that may determine my eligibility for agency services.

RELEASE OF INFORMATION

I the undersigned do request and allow the release of my account information or any records and documents that UCHRA may need to verify my eligibility for assistance with any agency program. I agree that the agency may request information on my behalf from my Home Energy Supplier, Landlord, Mortgage company, or any other person who has knowledge or information that can verify my statements and eligibility.

I acknowledge by my signature below that I have been provided information about the Upper Cumberland Human Resource Agency policies as described above. By signing below, I certify that I read the above policies and fully understand the agencies responsibilities and my own.

I attest under penalty of perjury that the applicant and all members listed on this application for assistance are either a United States citizen or a qualified alien as defined by U.S. C. 1641 (b).

_____ _____

Applicant Signature Date

_____ _____

Staff Signature Date

UCHRA Upper Cumberland Human Resource Agency

Applicant Rights | Appeal and Fair Hearing

As an applicant applying for Federal or State assistance you have the right to Appeal any decision made by the contracting agency (with the exception of a denial due to lack of funds). You have the right to file an appeal and request a fair hearing when your claim for assistance has been denied or is not acted on with reasonable promptness, except if the denial or lack of promptness is due to lack of funds. If you wish to file an appeal complete the form provided and return within 30 days from the date of the denial.

The request must be made in writing on the Fair Hearing Request form provided to you by your local contract agency, with detailed information about the error made by the local contracting agency in denying or not acting with reasonable promptness on the claim for assistance in question. You will be provided a copy of all documents submitted to the local contracting agency. The Appeal Form will be processed according to agency policy and you will be notified within 30 days of the results of the decision.

At the time of notification of the local contracting agency decision, If applicant is not satisfied with the findings they may request a Fair Hearing. The request for a Fair Hearing shall be in writing and filed within 30 days of the date of the denial or notification of the results of the Appeal process. You have the right to:

1. File an Appeal (Except for Lack of Funds)
2. Request a Fair Hearing once the appeal is completed
3. Be represented by an authorized representative, such as legal counsel, relative or a friend

If the Appeal and Fair Hearing by the local contracting agency results in your denial being upheld you have the right to request a review by the Tennessee Housing Development Agency (THDA). Request to THDA for a review may be made in writing, electronic mail, or telephone within thirty (30) days of the date of the written notification of the outcome of the hearing conducted by the local contracting agency. No request for a THDA review will be accepted until a hearing has been held by the local contracting agency in which you applied and were denied and those results have been sent to THDA. All requests to THDA for a review shall include all materials submitted to the local contracting agency and all other documents and communications between you the applicant and the local agency. Submit APPEAL REQUEST for THDA to:

Semoine Pearson-Housing Program Manager
Tennessee Housing and Development Agency
502 Deaderick Street, 3rd Floor
Nashville, TN 37243-0900
(615) 815-2030
spearson@thda.org

Please sign and date below and give this form to the UCHRA case worker who is taking your application for assistance to be placed in your file. It is your right to a copy of this information and at your request a copy will be given to you.

_____ _____

Applicant Signature Date

UC HRA Upper Cumberland Human Resource Agency

Fraud, Waste and Abuse Acknowledgment

If fraud, waste or abuse of government funds is detected, an inquiry must be reported to the Tennessee Comptroller's Office. In addition to contacting the Comptroller's Office, local agencies must also contact THDA regarding any fraud, waste or abuse of government funds. The bulletin provided by the state with the Comptroller's toll-free hot line number must be posted at state and local agencies. The THDA will hold annual training for state staff and local agency staff on how to detect and mitigate fraud, waste and abuse.

Assistance can be terminated for any applicant if it is found that the household has falsified any information to receive assistance or any other type of fraud, waste or abuse. Clients will be notified by mail along with an appeal form and given 10 days to respond in writing.

By signing below I am acknowledging that all the information on my LIHEAP application is true. All income is true and everyone living in the household was reported on the LIHEAP application.

_____ _____

Applicant Signature Date

_____ _____

Staff Signature Date

UC HRA Upper Cumberland Human Resource Agency

LIHEAP Acceptance Letter

Date: _____

Dear _____,

This letter is to inform you that your application for the Low Income Home Energy Assistance (LIHEAP) program has been received and you are eligible for assistance by the Upper Cumberland Human Resource Agency.

You will need to continue paying your energy bill until your account has been credited or a fuel delivery has been made to your home.

Your application for the Low Income Home Energy Assistance Program (LIHEAP) will be processed in accordance with Federal and State LIHEAP guidelines and regulations and you will be notified in writing of the approval of your application once your energy supplier has been contacted.

Please contact your local UCHRA office in which you applied if you have any questions.

Thank you,

Judy Sanchez
Community Services Program Manager

_____ _____
Client Signature Date

_____ _____
Staff Signature Date

UC HRA Upper Cumberland Human Resource 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

UC HRA Upper Cumberland Human Resource Agency

RESPONSIBILITY STATEMENT

This form is to be used when an applicant is not the person shown on the utility bill but the applicant is responsible for paying the bill by a prior arrangement listed below with the person signing this form or with verification as listed below by the utility company of applicant's responsibility. If the client that is receiving the assistance moves and there is still a LIHEAP credit then the credit must go to the clients new account or be refunded to UCHRA. If the account is in a landlord's name or another name the funds can't be used by anyone else other than the client listed below.

Name on Account (other than client): _____

Number of the Account to be paid: _____

Phone or contact number of person above: _____

Applicant's Name: _____

Applicant Address: _____

I certify that the energy bill is in my name but _____
(Client's Name)
is responsible for payment of the entire bill.

Printed Name: _____
(Person the bill's name is in)

Signature: _____
(Person the bill's name is in)

Applicant's Signature: _____

Staff Signature: _____

<u>This will only apply to those persons who are deceased.</u>

If the persons whose name appears on the bill cannot verify the above information, please document below who you speak to that verifies the information. You may do so by phone. Complete the information below:

Spoke With: _____ Date Verified: _____

UC HRA Upper Cumberland Human Resource Agency

STATEMENT OF SUPPORT

Community Service Programs

I, _____ do hereby certify that during the period of to_____
Start Date

_____, that I provided the following support to _____.
End Date Person(s) receiving support

- ☐ Food
- ☐ Clothing
- ☐ Rent
- ☐ Other (Specify): _____
- ☐ Utility Bill(s)
- ☐ Telephone Bill(s)
- ☐ Gifts * (Specify) _____

**Gifts are contributions of cash, goods, or services for basic necessities made without any commitment for repayment.*

_____

By signing below, I certify that I myself, have not received support through UCHRA programs by claiming zero income in the past 6 months. I also certify, that due to my own circumstances, I will no longer provide support to this individual and/or household.

_____
Support Person Phone Number

_____
Address of Support Person

_____
Relationship to Client

_____
City, State, Zip

_____
Signature of Support Person

_____
Date

_____
Signature of Applicant

_____
Date

UC HRA Upper Cumberland Human Resource Agency

EMPLOYER STATEMENT

All information below must be completed. Failure to do so may result in denial of services for the applicant requesting you to complete this information.

Company Name: _____ Employee's Name: _____
Employer's Address: _____ Telephone #: _____
Beginning Date of Employment: _____ End Date: _____
Employee's SSN: _____ Reason for Dismissal: _____
Work Days: _____ or Nights: _____ Hours: _____ to _____ Hourly Wage: _____
Number of hours per week normally worked: _____ Type of work/duties performed: _____
If Employee's work is seasonal or sporadic, indicate layoff periods: _____

Please complete the section below, reporting only the gross amount the employee received for the pay period listed. Must include at least four (4) weeks of payroll information. The information must be current and for consecutive pay periods. If your employee did not receive compensation for a pay period, please indicate this by entering "0".

	Check Date	Hours Worked	Gross Amount
1.			
2.			
3.			
4.			

If the employee is on unpaid leave, list below the reason and time-frame reported to you:

_____

I certify and attest that the information above is true and correct and that I am the one who completed this form in its entirety.

_____ _____ _____
Applicant's Signature Official Title Date