

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 average, 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 SECURITY NUMBER	DATE OF BIRTH	SEX	RACE	Ethnicity	US Citizen/ Dual 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 MEMBER NAME	SOURCE OF INCOME	MONTHLY INCOME	HOW OFTEN INCOME RECEIVED
HOUSEHOLD TOTAL INCOME: List income information for applicant and all household members. Wages are only listed for household members 18 or older.			
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 CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT. I ATTEST UNDER PENALTY OF PERJURY THAT THE APPLICANT IS EITHER A UNITED STATES CITIZEN OR A QUALIFIED ALIEN AS DEFINED BY USC 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. I AM THE CUSTOMER OF RECORDS, 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.

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 otherwise subjected to discrimination in the operation of LIHEAP.

Applicant Signature: _____ Date: _____

SIGNATURE OF DETERMINING AGENCY OFFICIAL: _____ DATE CERTIFIED: _____

Zero Income Form

Applicant Name: _____ Number in Household: _____

Address: _____ Phone Number: _____

Your application for Energy Assistance did not show enough income to pay your monthly bills. Please complete this form to tell us how your living expenses were paid for the month of:

IMPORTANT: Your application may be denied if you do not complete this form.

List your monthly bills:

Bill	Monthly Amount
Rent/Mortgage	_____
Food	_____
Heat	_____
Electric	_____
Phone or Cell	_____
Car Payment and Insurance	_____
Gas	_____
Personal Items	_____
Other Expenses	_____

How are you paying your monthly bills with zero income? If you have not been paying your monthly bills, please explain.

If someone helped pay your bills in the month listed above, list their name below:

Name: _____ Total: \$ _____

Name: _____ Total: \$ _____

Do you live with a friend or relative? Yes No

Are they listed on your application? Yes No If no, write their name and phone:

During the month listed above, did anyone living in your home have these sources of income?

Check all that apply and provide proof with this form:

Full-time job Part-time job Self-employed Workers Compensation Unemployment

Social Security/SSI Annuity Payments Pension Child Support Rental Income

County/Government Program Working for cash Alimony TANF Other: _____

Check all that apply: (no proof required)

Emergency or Housing Assistance Earned Income Credit Savings Home Equity Loan

Other Loans Credit Card Irregular Insurance Benefits

List all unemployed household members: (including yourself if applicable)

Name: _____ Last date worked: _____

Name: _____ Last date worked: _____

Name: _____ Last date worked: _____

Name: _____ Last date worked: _____

Payments made by others to provide support for your household are considered income.

By signing this form, I affirm that I believe these facts are accurate and true. I give the local LIHEAP Service Provider my permission to verify this information. I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Applicant's Signature: _____ Date: _____

Verification of Disability

Part I: Applicant Information

Applicant Name: _____ Date: _____

Current Address: _____

Part II: Person With Disabilities Information & Instructions

Name of Household Member with Disabilities: _____

Last Four of Social Security Number: xxx-xx _____

The above-named individual is an applicant for, or a participant in, a federally funded program operated by _____ and in partnership with Tennessee Housing Development Agency and has stated they are permanently disabled. Disability must be verified to determine qualifying factors for Low Income Home Energy Assistance Program. Your prompt completion of this form is appreciated.

PLEASE COMPLETE THE MEDICAL CERTIFICATION

Part III: Medical Certification of Need to Be Completed by Physician/Health Care Professional

Disability Definition

Disability is defined as meeting one or more of the following criteria:

1. Substantial Gainful Activity Limitation
 - An inability to engage in any substantial gainful activity due to a medically determinable physical or mental impairment:
 - That is expected to result in death, or
 - Has lasted or is expected to last for a continuous period of not less than 12 months.
2. Severe Chronic Disability
 - A severe chronic disability that:
 - Is attributable to a mental or physical impairment, or a combination of impairments:
 - Is manifested before the individual attains age 22;
 - Is likely to continue indefinitely;
 - Results in substantial functional limitations in three or more of the following areas of major life activity:
 - Selfcare

- Self direction
- Receptive and expressive language
- Learning
- Mobility
- Capacity for independent living
- Economic self sufficiency
- Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services of lifelong or extended duration that are individually planned and coordinated.

3. Independent Living Impairment

- A physical or mental impairment that:
 - Is expected to be of long continued and indefinite duration;
 - Substantially impedes the person's ability to live independently;
 - Is of such a nature that the person's ability to live independently could be improved by more suitable housing conditions.

None of the above

Name of Individual: _____

Date of Certification: _____

Printed Name of Certifying Professional: _____

Title/Profession: _____

Signature: _____

License Number: _____ State: _____ Phone Number: _____

Signature of Physician/Health Care Professional: _____ Date: _____

LIHEAP Landlord Tenant Energy Assistance Agreement

This form is to be used if a LIHEAP client's energy bill is included in the cost of rent paid to their landlord.

Landlord Name: _____

Tenant Name: _____

Rental Property Address: _____

Move In Date: _____

Total Monthly Rent: \$ _____ Monthly Energy Costs: \$ _____

Energy Bill Account #: _____ Please include a copy of the energy bill

Energy Bill Account Name: _____

Energy Vendor: _____

Landlord Certification

I agree to reduce the tenant's rent to the amount that excludes the energy cost, until the approved benefit is depleted. Once the approved benefit amount is depleted, the tenant's regular rental amount that includes the energy cost will be reinstated. If for any reason the tenant moves or is evicted before the funds are depleted, the remaining portion will be returned to the tenant. If the tenant cannot be located, any remaining LIHEAP balance will be remitted to the Tennessee Department of Treasury under the tenant's name.

Landlord's Signature: _____ Date: _____

Tenant's Signature: _____ Date: _____

Self-Employment Income Form

Applicant Name: _____

Business Type: _____

This self-employment income is for the period of _____ through _____.

Have you filed taxes this current year? Yes No

If Yes, a copy of your completed return is required.

Did you file taxes last year? Yes No

If you did not file taxes this current year but you did file last year, please provide a copy of last year's tax return.

How often is income received:

Weekly Bi-Weekly Semi-Monthly Monthly

Income Details, Household Member 1

Date Received _____

Form: Cash, Check, Money Order _____

Amount _____

Business Expenses, type of expense and amount _____

Net Income _____

Notes _____

Income Details, Household Member 2

Date Received _____

Form: Cash, Check, Money Order _____

Amount _____

Business Expenses, type of expense and amount _____

Net Income _____

Notes _____

Income Details, Household Member 3

Date Received _____

Form: Cash, Check, Money Order _____

Amount _____

Business Expenses, type of expense and amount _____

Net Income _____

Notes _____

Income Details, Household Member 4

Date Received _____

Form: Cash, Check, Money Order _____

Amount _____

Business Expenses, type of expense and amount _____

Net Income _____

Notes _____