

# **PLEASE READ INFORMATION BELOW BEFORE COMPLETING APPLICATION!!!**

**WE ONLY ACCEPT APPLICATIONS FROM THE COUNTIES WE SERVE, WHICH INCLUDE:  
Anderson, Campbell, Claiborne, Morgan, Scott and Union.  
IF YOU LIVE IN KNOX CO. CALL 637-6700, BLOUNT CO. CALL 983-8411.**

**PLEASE PRINT ALL INFORMATION. WE NOW REQUIRE FULL SOCIAL SECURITY NUMBERS  
AND PROOF OF NUMBER FOR ALL HOUSEHOLD MEMBERS. APPLICATION WILL BE  
DENIED FOR FAILURE TO PROVIDE THIS INFORMATION.**

**IF YOU HAVE QUESTIONS CONCERNING YOUR APPLICATION, CALL THE  
NUMBER LISTED BELOW FOR YOUR COUNTY.**

<b>ANDERSON:</b>	<b>457-3352</b>
<b>CAMPBELL:</b>	<b>562-2948</b>
<b>CLAIBORNE:</b>	<b>626-8187</b>
<b>MORGAN:</b>	<b>346-6651</b>
<b>SCOTT:</b>	<b>286-6929</b>
<b>UNION:</b>	<b>992-8816</b>

**MAIL SIGNED & COMPLETED APPLICATION ALONG WITH DOCUMENTATION TO:**

**Attn: Energy Dept.  
East Tennessee Human Resource Agency, Inc.  
9111 Cross Park Dr. Suite D-100  
Knoxville, TN 37923**

**You will receive a notification status letter soon as approval for release of funds has been received.  
This could be a month or longer so please be patient. You must continue to pay your utility bill until  
your account has been credited which will be sometime after receiving the approval letter.**

## **BEFORE MAILING APPLICATION MAKE SURE TO INCLUDE THE REQUIRED INFORMATION:**

- 1. SIGNED AND DATED APPLICATION**
- 2. PROOF OF ALL HOUSEHOLD INCOME DATED  
2010**
- 3. COPY OF UTILITY BILL & FUEL DELIVERIES  
FOR LAST WINTER**
- 4. PROOF OF SOCIAL SECURITY NUMBERS**

**DO NOT RETURN INSTRUCTIONS WITH APPLICATION!!!!**

**APPLICATION INSTRUCTIONS FOR ENERGY ASSISTANCE:**

- 1. APPLICANT NAME, ADDRESS, CITY:** PRINT YOUR FULL NAME, AND FULL MAILING ADDRESS
- 2. COUNTY OF RESIDENCE:** PRINT THE COUNTY YOU LIVE IN.
- 3. PHONE NUMBER:** ENTER YOUR PHONE NUMBER
- 4. NUMBER IN HOUSEHOLD** ENTER NUMBER OF PEOPLE IN HOME
- 5. SOURCE OF ENERGY** HOW YOUR HOME IS HEATED:  
(CIRCLE ONE) Electric, Natural Gas, LP Gas, Wood, Coal, Kerosene, Fuel Oil
- 6. NAME OF ENERGY SUPPLIER:** INDICATE WHO SUPPLIES YOUR HEATING SOURCE. FOR EXAMPLE, IF YOU HEAT WITH ELECTRIC OR NATURAL GAS, PUT YOUR ELECTRIC OR GAS COMPANY ALONG WITH ACCOUNT NUMBER. OTHER FUEL TYPES SUCH AS COAL WOOD, ETC. PUT NAME AND ADDRESS OF PERSON OR COMPANY THAT DELIVERS THE FUEL TO YOUR HOME.
- 7. HOUSING:** CIRCLE ONE: RENT, OWN, SECTION 8 OR PUBLIC HOUSING
- 8. UTILITY OVERAGE:** APPLIES TO PUBLIC HOUSING RESIDENTS ONLY. ENTER AMOUNT OF OVERAGE FOR THE MONTH IN WHICH YOU ARE APPLYING FOR ASSISTANCE. INCLUDE COPY WITH APPLICATION.
- 9. MARITAL STATUS:** INDICATE MARITAL STATUS: Married, Separated, Divorced, Widowed, Single

**10. SOURCE(S) AND AMOUNT OF HOUSEHOLD MONTHLY INCOME:**

INDICATE SOURCE AND AMOUNT OF MONTHLY INCOME FOR ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18. PROOF OF CURRENT INCOME MUST BE INCLUDED WITH THE APPLICATION.  
EXAMPLES OF PROOF COULD BE: COPY OF YOUR CHECKS, PRINTOUT FROM SOCIAL SECURITY OFFICE OR DHS, COPY OF AWARD LETTER FOR CURRENT YEAR, COPY OF CHECK STUBS OR LETTER FROM EMPLOYER, IF SELF EMPLOYED, COPY OF 2009 TAXES.

**11. HOUSEHOLD MEMBERS RECEIVING FOOD STAMPS**  
(Circle one) Yes No

INDICATE IF YOU OR ANYONE IN THE HOUSEHOLD ARE RECEIVING FOOD STAMPS.

**12. PRINT NAMES, BIRTHDATES, SOCIAL SECURITY NUMBER, RACE, & SEX**

ENTER NAME, BIRTHDATE, SOCIAL SECURITY NUMBER, RACE & SEX FOR EACH HOUSEHOLD MEMBER

***NOTE: ACCORDING TO STATE REQUIREMENTS YOU NOW MUST PROVIDE PROOF OF SOCIAL SECURITY NUMBER FOR EACH MEMBER AGES 1 AND ABOVE. PROOF CAN BE COPY OF SS CARD, COPY OF DOCUMENT FROM SOCIAL SECURITY ADM. OR COPY OF OTHER LEGAL DOCUMENT THAT HAS NAME AND SS #. DO NOT SEND ORIGINALS!!!!***

**13. RECEIVED ASSISTANCE AFTER JULY 1, 2010? IF YES, ENTER NAME OF AGENCY THE THAT PROVIDED ASSISTANCE.**

**14. HOUSEHOLD WITH DISABLED MEMBER:**

CIRCLE YES OR NO. INDICATE NAME OF HOUSEHOLD MEMBER DISABLED.

**15. HAS RESIDENCE BEEN SERVED UNDER THE WEATHERIZATON PROGRAM?**

CIRCLE YES OR NO

**16. ARE YOU INTERESTED IN THE WEATHERIZATION PROGRAM?**

CIRCLE YES OR NO

**17. ARE YOU RECEIVING FINANCIAL ASSISTANCE FOR DISABILITY? DO YOU HAVE A SIGNED MEDICAL STATEMENT THAT MEDICAL LIFE SUPPORT IS REQUIRED FOR YOUR HOUSEHOLD?**

CIRCLE YES OR NO

CIRCLE YES OR NO

**STATE YOUR DISABILITY:**

**LIST YOUR MEDICAL PROBLEM**

**18. APPLICANT SIGNATURE:**

SIGN YOUR APPLICATION. IF USING A MARK, HAVE A WITNESS SIGN, DATE, PROVIDE ADDRESS AND PHONE NUMBER.

**19. DATE:**

DATE YOU SIGN THE APPLICATION

**20. TYPE OF ASSISTANCE APPLYING FOR:**

INDICATE IF REGULAR ENERGY OR CRISIS ASSISTANCE. IF APPLYING FOR CRISIS INDICATE WHETHER SERVICES ARE DISCONNECTED, OR IF YOU HAVE A CUT OFF NOTICE. INCLUDE COPY WITH APPLICATION.

**NOTE:** Do not complete the section of the application which is designated: ("For Office Use Only").

For additional information on completing the application, please call the ETHRA office in your county. Listed below are the phone numbers for each county office.

Anderson County	457-3352
Campbell County	562-2948
Claiborne County	626-8187
Morgan County	346-6651
Scott County	286-6929
Union County	992-8816

A notification of status letter will be sent to you as soon as approval for release of funds has been received.

You must continue to pay your electric/gas bill until your account has been credited, which will be after you receive an approval letter. Home delivered suppliers (coal, wood, oil, etc.) cannot make deliveries until they receive a voucher.

**EAST TENNESSEE HUMAN RESOURCE AGENCY  
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM  
ENERGY ASSISTANCE APPLICATION**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
**APPLICANT NAME ADDRESS CITY County of Residence**

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. Source of Energy: (Circle one) Electric, Natural Gas,  
 Phone Number # in Household LP Gas, Wood, Coal, Kerosene, Fuel Oil

6. Name, address & phone number of whom  
 supplies your fuel/utilities:(include account number  
 if electric or gas) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_  
 Housing: (rent,own Utility Overage  
 Sec. 8, Public Housing) (Applies to Public Housing only)

9. Marital Status: (Circle one) Married, Separated, Divorced Widowed, Single  
 Account in another name? \_\_\_\_\_

10. Source(s) and Amount(s) of monthly  
 income: (Documentation of all Household  
 income must be included)

<u>Source</u>	<u>Monthly Amount</u>
_____	_____
_____	_____

11. Household Members Receiving Food Stamps: Yes \_\_\_ No \_\_\_ Health Insurance Yes \_\_\_ No \_\_\_

12. Print the names, full social security numbers, birthdates, race and sex for all household members:  
 (over 4 members, list on back) \*assistance will be denied due to an applicant's refusal or inability to furnish social security numbers and verification

1. _____	2. _____	3. _____	4. _____
Name	Name	Name	Name
_____	_____	_____	_____
SS #	SS#	SS#	SS#
_____	_____	_____	_____
Birthdate	Health Ins?	Birthdate	Health Ins?
_____	_____	_____	_____
Race	Sex	Education Level	Race
_____	_____	_____	_____

13. Have you received assistance under the LIHEAP program since July 1, 2010? (Circle one) Yes or No If yes, which agency provided assistance? \_\_\_\_\_

14. Any household member disabled: Yes \_\_\_ No \_\_\_ Name of household member disabled: \_\_\_\_\_

15. Has Residence been served under the Weatherization Assistance Program? Yes \_\_\_ No \_\_\_

16. Are you interested in the Weatherization Assistance Program? Yes \_\_\_ No \_\_\_

17. Do you receive regular financial assistance for disability? Yes \_\_\_ No \_\_\_ Do you have a signed  
 medical statement that medical life support is required for your household? Yes \_\_\_ No \_\_\_  
 State your disability (health problems) \_\_\_\_\_.

Documentation not required

I certify to the best of my knowledge that all of the information provided by me is true and correct. I also authorize the verification of any and all information for the purpose of certification and for assistance, and do \_\_\_ or do not \_\_\_ agree that the information contained in my application may be shared with other agencies from which I seek additional services. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is liable to prosecution under applicable criminal laws. I also certify, that I have been informed of the appeal process under provisions of the Low Income Home Energy Assistance Program and that I shall be Notified of my eligibility status within the time period acknowledged to me by the authorized personnel for the local contract agency.

18. \_\_\_\_\_ 19. \_\_\_\_\_ 20. Type of assistance applying for:  
 Applicant Signature Date \_\_\_\_\_ Energy \_\_\_ Crisis \_\_\_

<b>FOR OFFICE USE ONLY</b>	
_____	_____
Annual HH Income Verified	Home Energy Cost
_____	_____
Signature of Reviewer	Date

<b>IF APPLYING FOR "CRISIS" ASSISTANCE, TELL US WHY?</b>
Has your electric or gas been disconnected? Y or N
Have you received a cut off notice? Y or N
*If you have received a cut off notice, please attach a copy