

**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. **Energy Source:** Electric____, Natural Gas____, LP Gas____, Wood____, Coal____, Kerosene____, Fuel Oil____
Phone Number # in Household

6. **Name, address, phone number and account number of your fuel/ utility supplier:** _____
 7. **Veteran or Active Military**
 Yes____ No____
 (Documentation must be provided)

Is this account in landlord's name? Y ____ N ____

I CERTIFY THAT THE ABOVE ACCOUNT(S) IN THE NAME OF _____ IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS.

8. _____ 9. _____ 10. **Marital Status:** _____
Housing: (Rent, Own, Sec. 8, Public Housing) **Utility Overage/Utility Reimbursement** (Married, Separated, Divorced, Widowed, Single)

11. **Household Members Receiving Food Stamps:** Yes____ No____ 12. **Health Insurance:** Yes____ No____

13. **Enter the names, full social security numbers, income sources, monthly amounts, birthdates, race and sex for all household members:**

Documentation of income for all household members over 18 must be included (If more than 4 household members, use on back)

*assistance will be denied due to an applicant's refusal to furnish all household members' social security numbers and verification

1. _____ Name	2. _____ Name	3. _____ Name	4. _____ Name
_____ SS #	_____ SS#	_____ SS#	_____ SS#
_____ Income Source(s)	_____ Income Source(s)	_____ Income Source(s)	_____ Income Source(s)
\$ _____ Monthly Amount	\$ _____ Monthly Amount	\$ _____ Monthly Amount	\$ _____ Monthly Amount
_____ Birthdate	_____ Birthdate	_____ Birthdate	_____ Birthdate
_____ Health Ins?	_____ Health Ins?	_____ Health Ins?	_____ Health Ins?
_____ Race	_____ Race	_____ Race	_____ Race
_____ Sex	_____ Sex	_____ Sex	_____ Sex
_____ Education Level	_____ Education Level	_____ Education Level	_____ Education Level

14. **Have you received assistance under the LIHEAP program from any TN Agency since October 1, 2021?** Yes____ No____

If yes, which Agency provided assistance? _____

15. **Any household member with a disability:** Yes____ No____ **Name of household member disabled:** _____

16. **Does any household member receive regular financial assistance for disability?** Yes____ No____

Disability: __Mental Illness __Learning __Cognitive __Visual __Speech __Hearing __Deaf __Breathing __Orthopedic ____Other

Do you have a signed medical statement that medical life support is required for your household? Yes____ No____

17. **Are you interested in the Weatherization Assistance Program?** Yes____ No____

18. **Has Residence been served under the Weatherization Assistance Program?** 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 a United States citizen or a qualified alien as defined by U. S. C § 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. 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.

19. _____ 20. _____ 21. **Type of assistance applying for:** ____Energy ____Crisis
Applicant Signature Date

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

FOR OFFICE USE ONLY

Annual HH Income Verified

Signature of Reviewer

Date

IF APPLYING FOR "CRISIS" ASSISTANCE, TELL US WHY?

Has your electric or gas been disconnected? Y____ N____

Have you received a cut off notice? Y____ N____

** If you have received a cut off notice, please attach a copy