

**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 _____ Health Ins? _____	Birthdate _____ Health Ins? _____	Birthdate _____ Health Ins? _____	Birthdate _____ Health Ins? _____
Race _____ Sex _____ Education Level _____	Race _____ Sex _____ Education Level _____	Race _____ Sex _____ Education Level _____	Race _____ Sex _____ Education Level _____

14. Have you received assistance under the LIHEAP program from any TN Agency since October 1, 2022? 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

**LIHEAP 2022-23**  
**ENERGY ASSISTANCE**

**INCLUDE WITH APPLICATION:**

**1. Proof of all household income dated 2022:**

- If paid weekly; last 4 check stubs
- If paid biweekly; last 2 check stubs
- If receiving unemployment benefits: Must provide the statement from Dept. of Labor showing the full amount eligible to receive.
- Social Security/SSI- Must provide the Award letter received in November/December 2021 (from SSA) showing the new amount for 2022 or printout from Social Security with current monthly benefit amount.
- Self-employment-tax statement from 2021 or complete self-employment form provided on day of appointment.
- Anyone in the home over 18 years old with no income must have the attached zero income form completed by the applicant.

**2. Copy of social security cards for all in the home:** Child in the home under 1 year old that does not have a social security card must provide a copy of the birth certificate or mother's copy of birth.

**3. Copy of current government issued ID for applicant only**

**4. Last 12 months of electric usage from your utility company.**  
**Also include a copy of your current bill for electric or natural gas.**

**5. Veteran or Active Military:** Veteran or Active Military in the household will receive additional points by providing proof of honorable discharge, military ID or driver's license (if states veteran)

**6. SECTION 8 RESIDENTS: IF YOU ARE ON SEC 8 OR HUD YOU MUST SEND THE LETTER FROM YOUR HOUSING AUTHORITY THAT SHOWS UTILITY REIMBUREMENT AMOUNT (EVEN IF IT IS ZERO).**

East Tennessee 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: \_\_\_\_\_