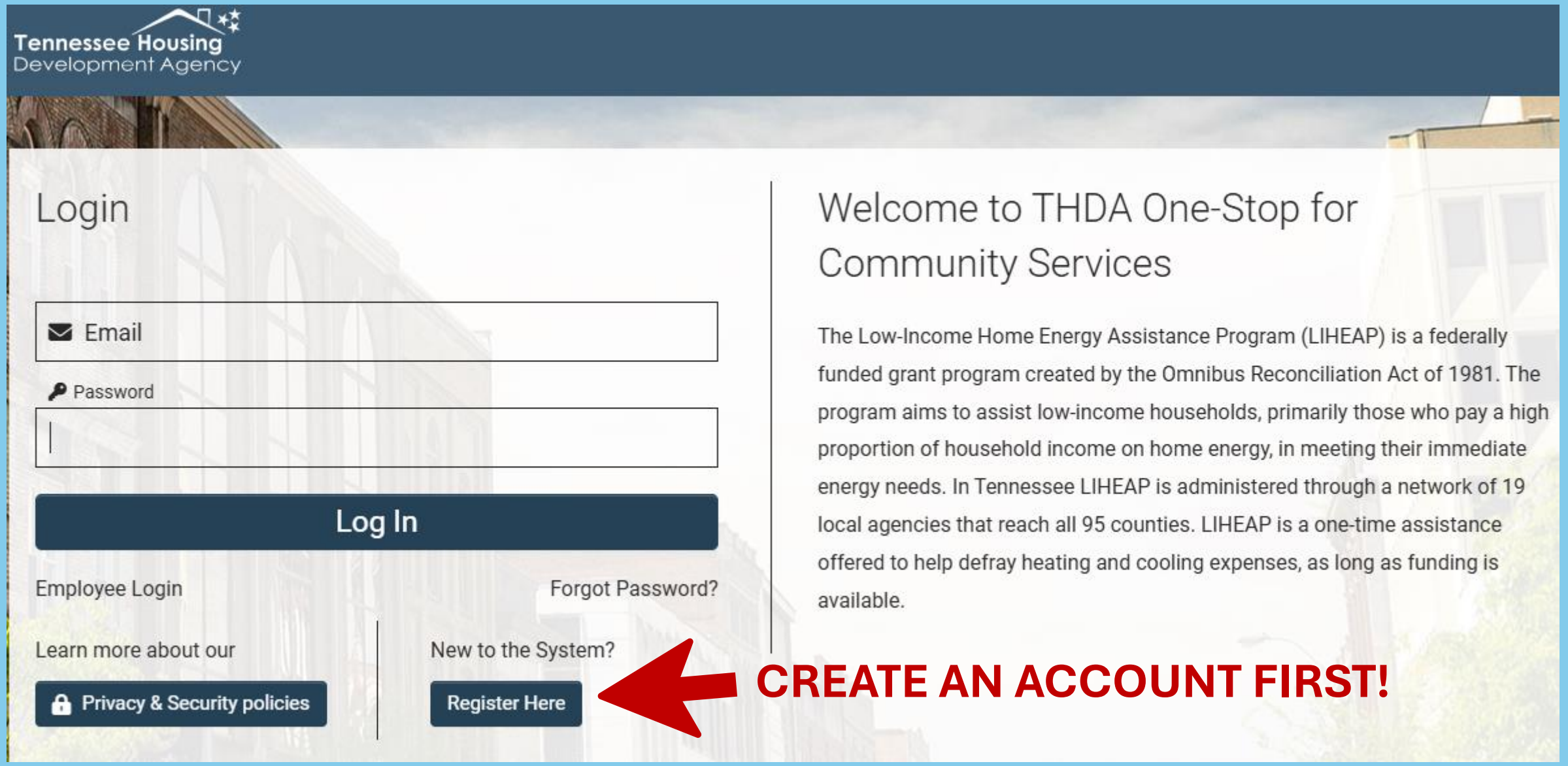
SMART SIMPLE PLATFORM



Contact Information

Return to Login Page

CREATING YOUR ACCOUNT

Instructions

Please complete all fields. Anything with an * is required. While we request a copy of your Government Issued Photo ID, this information is kept private and only shared with the agency you are working with.

* First Name

* Last Name

Title

* Email

* Cell Phone

*** Government Issued Photo ID**

You will be asked to upload an image of this ID within your application

Select One

* Government ID Number

* Cell Phone

*** Government Issued Photo ID**

You will be asked to upload an image of this ID within your application

Select One

Select One
United States Government Issued ID
Other Government Issued ID

* Address

Address 2

* City

*** County**

Select One

*** State**

Tennessee

* Zip Code

I'm not a robot
reCAPTCHA is changing its terms of service.
Take action.
reCAPTCHA
Privacy - Terms

Submit

AFTER YOU'VE CLICKED SUBMIT IN CREATING AN ACCOUNT

1. Check your Email to Get the Link

2. Activate the Account by Clicking on the Link

3. Create a Password ("forgot password" to troubleshoot)

FROM: NOREPLY@SMARTSIMPLEMAILER.COM

Welcome to the LIHEAP Community! We're excited to have you join us.

Please use the link below to activate your account and set up your password:

(activation link here)

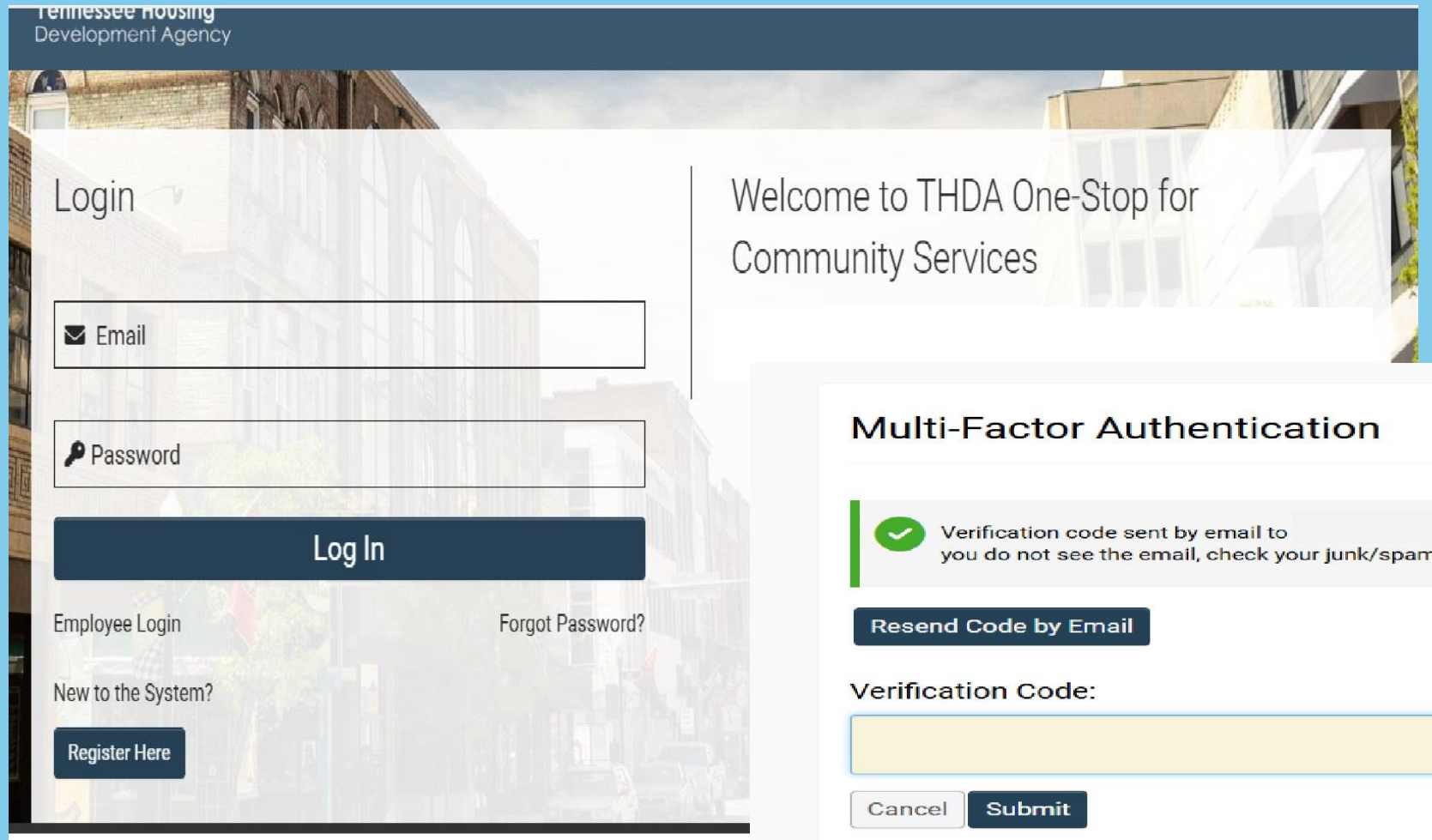
Once you have activated your account and set a password, log in at the address below.

Address: https://thda.smartsimple.us
Username: (email address you provided)

Sincerely,
Welcome to the THDA One-Stop for Community Services

LIHEAP ONLINE APPLICATION

STEP 1: LOG IN



LIHEAP ONLINE APPLICATION

STEP 2:

Go to your email inbox and get the verification code sent from "Donotreply@smartsimplemailer.com"

From: donotreply@smartsimplemailer.com

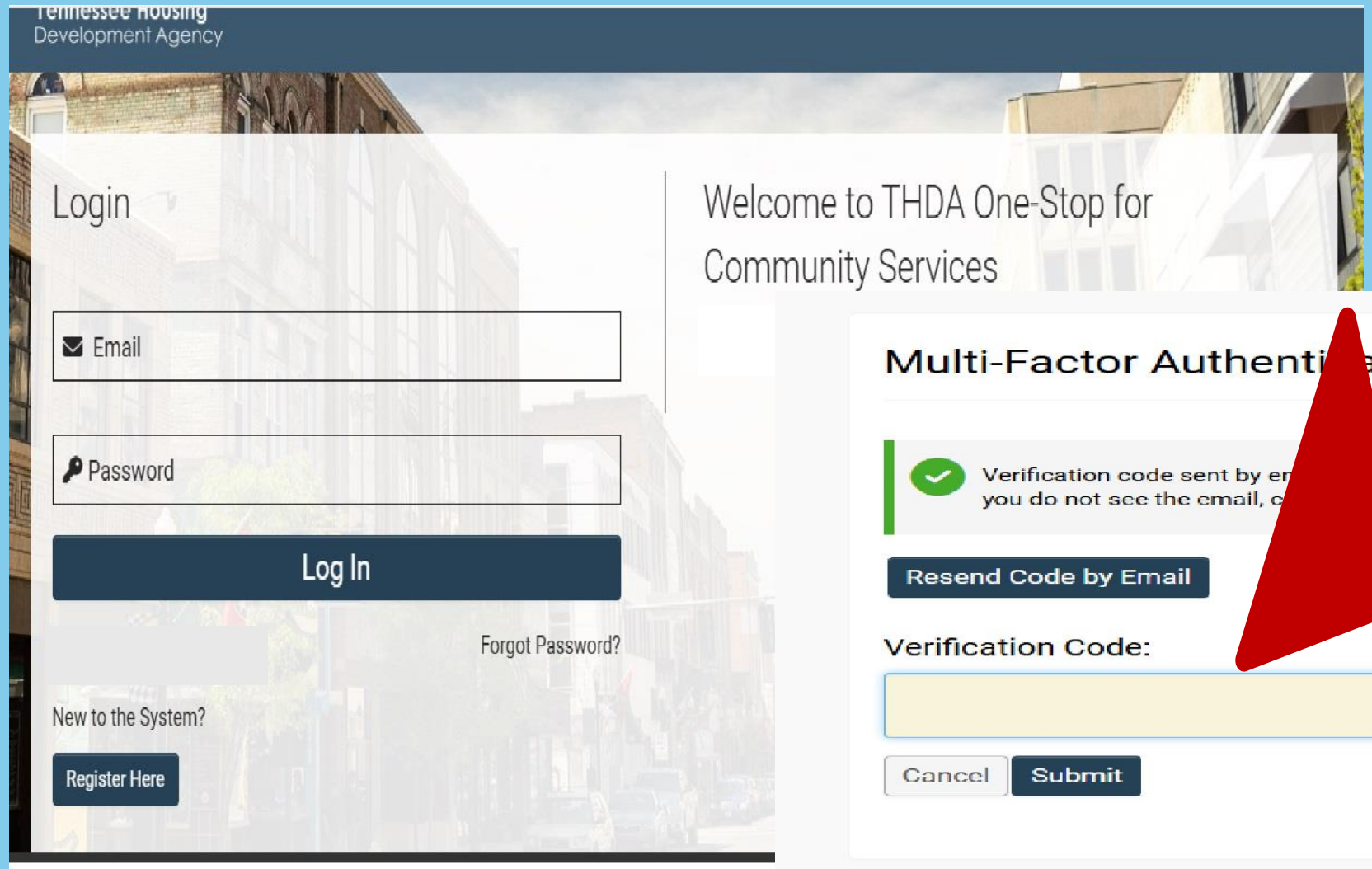
Sent: Tuesday, November 4, 2025 8:20 AM

To: CUSTOMER NAME

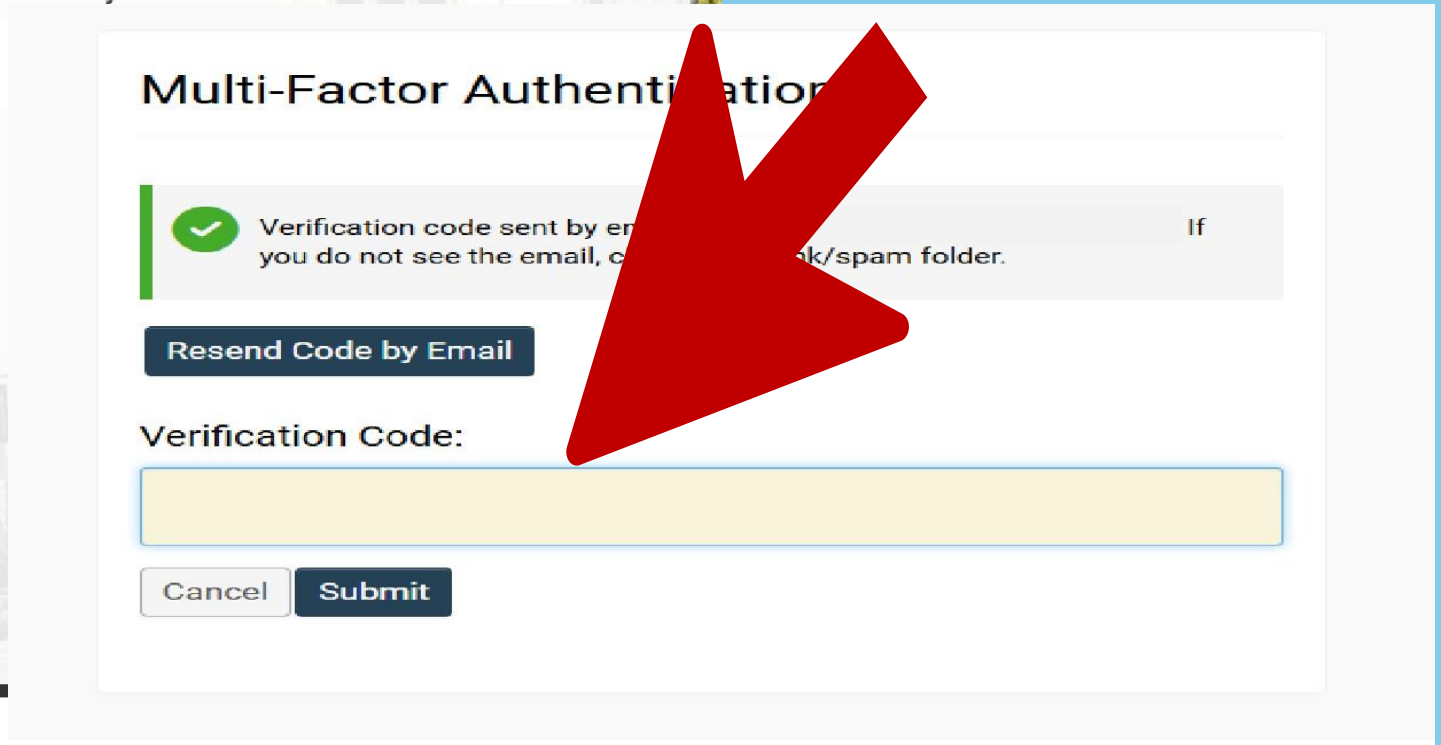
Subject: Temporary Verification Code

Your temporary verification code is 418723

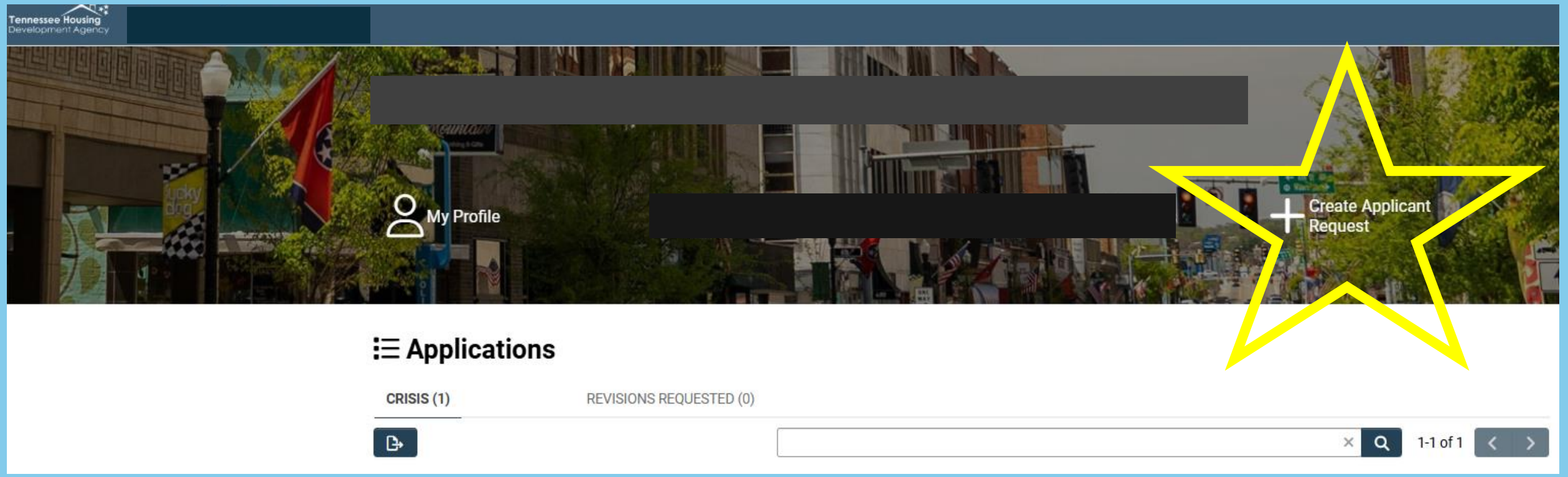
LIHEAP ONLINE APPLICATION

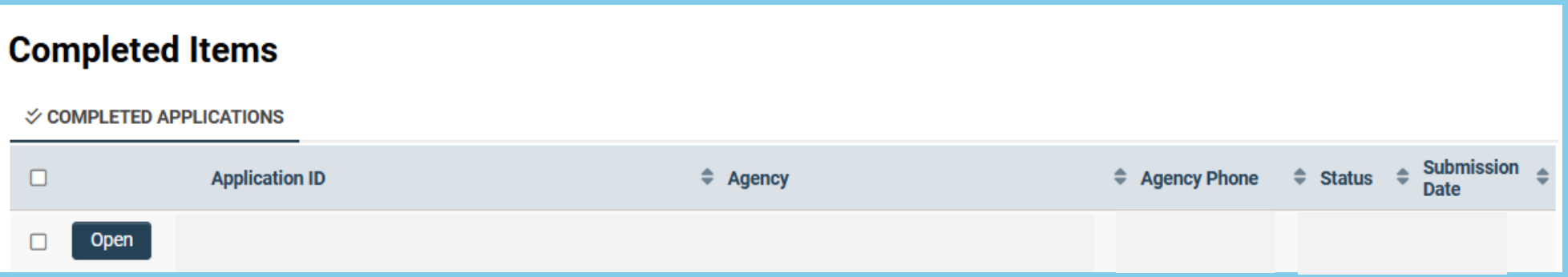


STEP 3:
ENTER THE CODE & CLICK SUBMIT



STEP 4: START YOUR LIHEAP APPLICATION "CREATE APPLICANT REQUEST"





Shelby County Community Services Agency

GENERAL INFORMATION | APPLICATION INFORMATION | HOUSEHOLD INFORMATION | UPLOADS | SUBMISSION

COMPLETE ALL TABBED SECTIONS

Status

Draft

* **Pre-Screen**

○ Yes ○ No

* **Agency Entered Application**

☑ Applicant Submitted

Applicant has no access to internet or email - paper communication required

Call 901-222-4200

Save Draft | ✓ Submit | ✕ Cancel

Shelby County Community Services Agency

Summary

GENERAL INFORMATION | **APPLICATION INFORMATION** | HOUSEHOLD INFORMATION | UPLOADS | SUBMISSION

Application Information

Do any of the following conditions apply?

- ◯ You have a disconnect notice
- ◯ Your utility is currently disconnected
- ◯ You have an Eviction Notice due to utility overage, past due, or unpaid rent
- ◯ You are out of fuel
- ◯ You are running out of fuel
- ◯ Your heat/air unit is not working properly
- ◯ None

< BACK

Save Draft | ✓ Submit | ✕ Cancel

GENERAL INFORMATION | APPLICATION INFORMATION | **HOUSEHOLD INFORMATION** | UPLOADS | SUBMISSION

Many fields below will pre-fill from your profile. If the information displayed is incorrect, please update your profile prior to proceeding.

Info populates from profile

* **First Name**

Middle Initial

* **Last Name**

* **Primary Address**

* **City / Town**

* **State**

TN

* **Zip**

* **County**

< BACK

Save Draft | Submit | Cancel

GENERAL INFORMATION | APPLICATION INFORMATION | **HOUSEHOLD INFORMATION** | UPLOADS | SUBMISSION

* **County**

Home Phone Number

Some info populates from profile

* **Cell Phone Number**

* **Email Address**

* **Is Mailing Address different than above?**

○ Yes ○ No

* **Home Type**

Select One

Household Members

* **Home Type**

Select One

- Select One
- Own
- Rent with utilities billed separately
- Rent with utilities in rental fee
- Unknown
- Other

First Name

Each household member must be added including the person completing this application. Please click the + sign below to add a single person and repeat that process until all household members display on the screen below.

+

#	First Name	Middle Name	Last Name	Date of Birth	Gender

Enter all members of the household including applicant.

New Activity

MEMBER DETAILS

Adding @ Household Member – Required Identifying Information

Applicant must add a record for themselves

* First Name:

* Last Name:

* Date of Birth: mm/dd/yyyy

* Verified Identification: Select One

* Race: Select One

* Citizenship: Select One

* Veteran or Active Military: Select One

* Income: Select One

Income SSD:

Select One
Select One
Yes
No

Select One
Select One
U.S. Born/Naturalized
Eligible Legal Resident
Non-Eligible Legal Resident
Undocumented Resident

Select One
Select One
Social Security Number
Birth Certificate (if under 1 year old)
N/A

Select One
Select One
Full Time
Part Time
Self-Employed
Retired
Seeking Work
Unemployed
Not Available
Other
Not Applicable

Middle Name:

* Gender: Select One

* SSN Verification: Select One

* Ethnicity: Select One

Employment, if 18 or over: Select One

* Individual with a disability: Select One

Select One
Select One
Male
Female
Other
Unknown/not reported

Select One
Select One
Hispanic, Latino, or Spanish Origins
Not Hispanic Latino or Spanish Origins
Unknown/not reported

Select One
Select One
Yes
No

Electricity

Select One
Wood
Electricity
Fuel Oil
Kerosene
Natural Gas
Propane
Other Fuels

Utility Information

*** Utility Type**

Select One

*** Utility / Vendor Information**

If you have a disconnect notice or your service has been disconnected, please choose the utility that your bill is owed to. If you are unable to find that utility, choose "Not Found" to manually enter that utility. When you upload your utility bills in the Uploads section, please be sure to upload all bills for every type of utility usage regardless of what you are asking assistance for.

Select One

*** Utility Account #**

*** Do you have an additional needs to be considered?**

○ Yes ○ No

Utility Certification

* **Account Holder Name**

Self

Select One
Self
Spouse
Landlord
Other relative
Other

* **Relationship to Account Holder**

Select One

* **I certify that the above account is for the use of my household and I am responsible for the payments**

Yes No

* **Has your home ever been served by the Weatherization Assistance Program in last 15 years?**

Yes No

BACK

Save Draft Submit Cancel

GENERAL INFORMATION | APPLICATION INFORMATION | HOUSEHOLD INFORMATION | **UPLOADS** | SUBMISSION

*** Upload - Government issued identification for the applicant**

Drop files here or browse files

Maximum file size: 2 GB

Upload - Children under 1 year, provide birth certificate

Drop files here or browse files

Maximum file size: 2 GB

Upload - Proof of active military or veteran status

Drop files here or browse files

Maximum file size: 2 GB

Upload - Past 30 days of income documentation (pay stubs, etc) for each household member age 18 or older (SSI, SSDI, Pension, Child Suppor

Drop files here or browse files

Maximum file size: 2 GB

< BACK

Save Draft | Submit | Cancel

GENERAL INFORMATION | APPLICATION INFORMATION | HOUSEHOLD INFORMATION | **UPLOADS** | SUBMISSION

*** Upload - Social Security Number verification for every household member who is a US Citizen must be uploaded**

Drop files here or browse files

Maximum file size: 2 GB

*** Upload - Past 12 months of all energy bills regardless of which utility you are asking for assistance with**

Drop files here or browse files

Maximum file size: 2 GB

Upload - Zero Income Form

Upload School Schedule or report card for Highschool student with income

Drop files here or browse files

Maximum file size: 2 GB

GENERAL INFORMATION | APPLICATION INFORMATION | HOUSEHOLD INFORMATION | **UPLOADS** | SUBMISSION

Upload - Documentation of order of protection, police report, revised lease, or other legal documentation.

Drop files here or **browse files**

Maximum file size: 2 GB

Upload - Documentation of obituary, death certificate, and funeral program

Drop files here or **browse files**

Maximum file size: 2 GB

Upload - Verification of disability 

Verification of disability required. SSI/SSDI determination letter showing proof of disability or verification provided by a medical professional

Drop files here or **browse files**

Maximum file size: 2 GB

Upload - Self-Employment Form 

Drop files here or **browse files**

Maximum file size: 2 GB

GENERAL INFORMATION | APPLICATION INFORMATION | HOUSEHOLD INFORMATION | **UPLOADS** | SUBMISSION

Upload - Self-Employment Form ★

Drop files here or browse files

Maximum file size: 2 GB

Upload - Miscellaneous Documents ★

-Landlord/Tenant Form
-HAP/MHA Agreement

Drop files here or browse files

Maximum file size: 2 GB

Corrected Applicant Documents ←

For those pending/ incomplete notices (2 DAYS for Crisis/15 for Regular)

Drop files here or browse files

Maximum file size: 2 GB

Approved Amount Change Reason

Denial Reason

< BACK

Save Draft | Submit | Cancel

FINAL STEP: AFTER CLICKING SUBMIT
AGREE TO TERMS

GENERAL INFORMATION | APPLICATION INFORMATION | HOUSEHOLD INFORMATION | UPLOADS | **SUBMISSION**

* **Certification**

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 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.

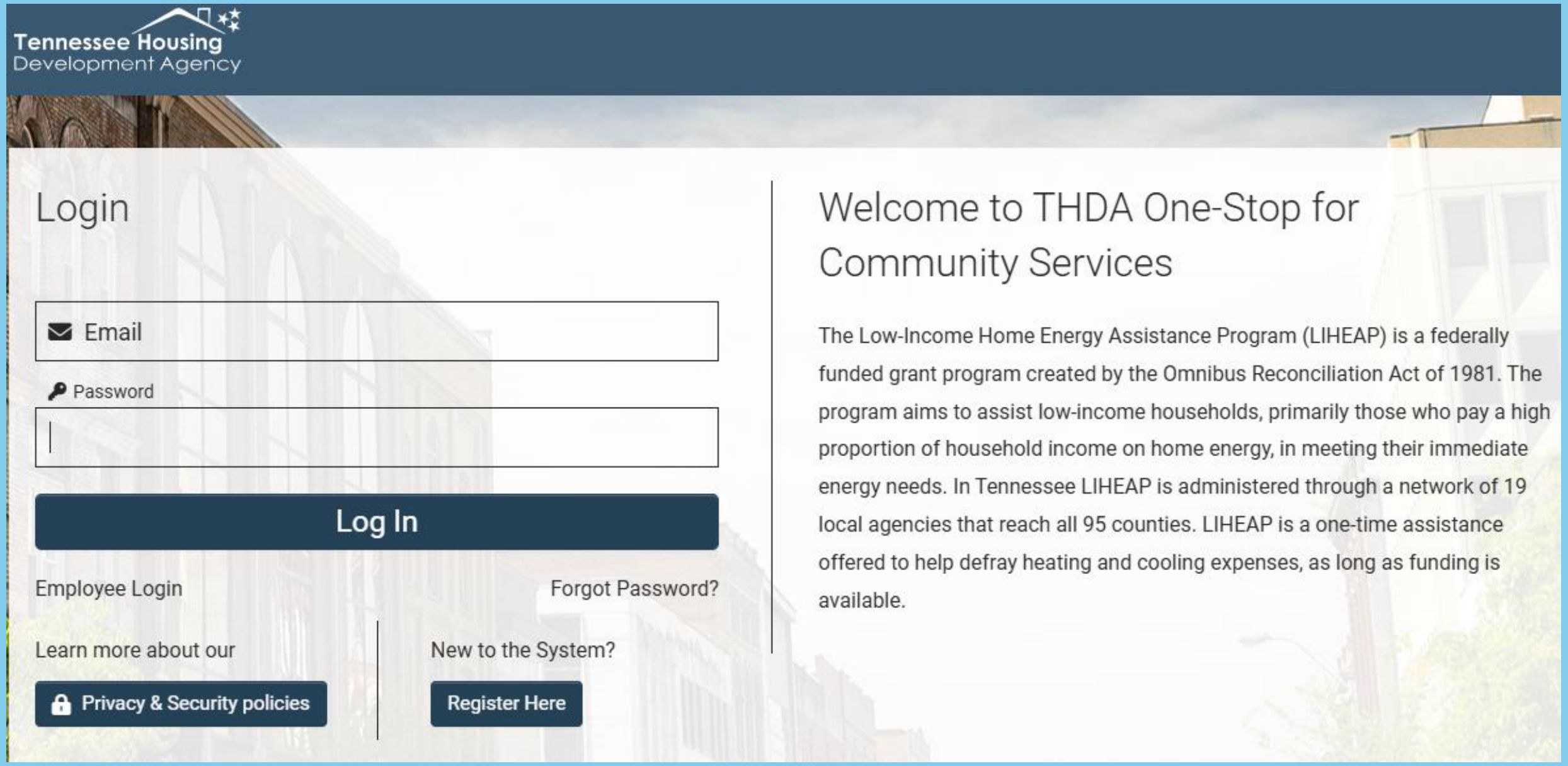
No person on the basis of race, color, national origin, sex, age, disability, ancestry, status as a veteran, or any other characteristics, protected by Federal, State or Local will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of LIHEAP.

☐ I Agree

Email

0 of 0 ‹ ›

CUSTOMER'S LOGIN LANDING PAGE



PROFILE DASHBOARD: CHECK STATUS

Applications

	Application ID	Application Type	Primary Contact	Agency Contact	Utility Vendor	Approved Amount	Priority Level	Submission Date	County	Status
Open		LIHEAP Application					Crisis	10/13/2025 03:55 PM	Shelby County	Pending Review

Completed Items

APPROVED WITHDRAWN DENIED

Application ID	Agency	Agency Phone	Status	Submission Date