

**Please Read Information and Instructions Below  
BEFORE Completing Application !**

Print these instructions with the application

1. Your application will be delayed or denied if you fail to provide all requested information.
2. If you have questions concerning your application call the number listed below for your county:

Anderson	691-2551	Campbell	562-2948	Claiborne	626-8187
Morgan	346-6651	Scott	286-6929	Union	992-8816

**The following documentation must be mailed to complete your application:**

- a. Signed and dated application
  - Be sure to complete ALL blanks on the application including the Yes /No question in red
- b. Proof of all household income dated 2014
  - Accepted income documentation for Social Security/ SSI are copy of award letter or statement from SSA showing gross amount before Medicare deduction
  - Accepted income from employment is copies of 8 weeks of check stubs
- c. Copy of most recent utility bill that includes NAME and ADDRESS and copy of receipts for any fuel purchases
- d. Copy of Social Security card for all household members
- e. New Requirement: Applicant must provide a copy of a PHOTO ID**

Mail your application and ALL required supporting documentation copies as described above to:

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

You will receive a “notification of status” letter when release of funds has been received. Vouchers will be printed on a monthly basis.

You MUST continue to pay your utility bill until your account has been credited. That could take up to one month after you receive the approval letter.

**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 # /Household**

6. **Name, address & phone number of your fuel/ utility supplier:** (Include account number if electric or gas)  
 \_\_\_\_\_  
**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.  
 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. **Marital Status:** \_\_\_\_\_  
**Housing:** (rent, own, Sec. 8, Public Housing) **Utility Overage** (Applies to Public Housing only) (Married, Separated, Divorced, Widowed, Single)

10. **Household Members Receiving Food Stamps:** Yes \_\_\_\_ No \_\_\_\_ **Health Insurance:** Yes \_\_\_\_ No \_\_\_\_  
 11. **Enter the names, full social security numbers, income sources, monthly amounts, birthdates, race and sex for all household members:**  
Documentation of all household members over 18 must be included (If more than 4 household members, list 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 _____

13. **Have you received assistance under the LIHEAP program from any TN Agency since October 1, 2014?** Yes \_\_\_\_ No \_\_\_\_  
**If yes, which Agency provided assistance?** \_\_\_\_\_  
 14. **Any household member disabled:** Yes \_\_\_\_ No \_\_\_\_ **Name of household member disabled:** \_\_\_\_\_  
 15. **Does any household member 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)** \_\_\_\_\_  
 16. **Are you interested in the Weatherization Assistance Program?** Yes \_\_\_\_ No \_\_\_\_  
 17. **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 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 attest under penalty of perjury that all persons applying for or receiving aid are either a United States citizen or qualified alien as defined by 8 USC § 1641(b), or eligible immigrants. 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 do \_\_\_\_ or do not \_\_\_\_ agree that the information contained in my application may be shared with other agencies from which I seek additional services.**

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

*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 law will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of the LIHEAP*

<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 ____ N ____
Have you received a cut off notice? Y ____ N ____
** If you have received a cut off notice, please attach a copy