

The following items MUST be submitted with your 2024 LIHEAP application. PLEASE READ CAREFULLY AS SOME DOCUMENTATION REQUIREMENTS HAVE CHANGED. Incomplete documentation may result in your application being returned or denied.

- **The applicant must provide a government issued form of identification which can include one of the following:** driver's license, state or federal identification card, birth certificate, passport, military ID or voter's registration card.
- **Copies of Social Security cards must be provided for all household members.** *Metal social security cards cannot be accepted.*
- **All applicants claiming Veteran or Active Military Status MUST provide one of the following forms of documentation:** State Issued ID with "VETERAN" listed, military ID Card, DD-214, DD-256 check stubs for payments from Veterans Affairs.
- **Proof of gross monthly income must be submitted for all household members 18 years of age and older** (acceptable forms of proof are the following: paystubs from the last 30 days, Social Security/ SSI benefit verification letters showing current monthly income, any statement/letters detailing current pension income, last tax return for self-employed individuals only) ***Bank statements cannot be accepted. If you have zero monthly income, please complete the attached Self-Declaration of zero income form.***
- **A 12-month history of your electric, natural gas or propane usage.** This history may be obtained from your utility company and must include your current service address, account number and the name of the household member responsible for the energy costs. If you have resided at your current address for less than 12 months, please provide monthly usage since time of residency. You must have service for at least 30 days to apply for LIHEAP.

Applications may be returned by mail, email, put in drop box, or you can send pictures to 931-296-4098. If you have any questions, please contact Stacy Baggett at 931-289-4101 or Candi Stoeber at 931-296-4098.

HOUSEHOLD TOTAL INCOME List income information for applicant and all household members. Use additional paper if more space is needed. Wages are only listed for household members 18 or older.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY INCOME	IF WAGES, HOW OFTEN PAID AND EMPLOYMENT START DATE

HOUSING (Please check one) OWN RENT SECTION 8 PUBLIC HOUSING AUTHORITY If Utilities are in Public Housing or Section 8 name, Amount of Utility "Overage" \$ _____

UTILITY COMPANY TO RECEIVE PAYMENT: (YOUR FIRST CHOICE)

Utility Company Name: _____

Account Number: _____

I certify that the account is in the name of _____ is for the use of my household and I am responsible for it's payments.

UTILITY COMPANY TO RECEIVE PAYMENT: (SECOND CHOICE)

Utility Company Name: _____

Account Number: _____

I certify that the account is in the name of _____ is for the use of my household and I am responsible for it's payments.

*** PLEASE ATTACH ANNUAL ENERGY USAGE DOCUMENTATION ***

Has your home ever been served under our Weatherization Assistance Program? Yes No

Are you interested in learning more about the Weatherization 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 EITHER 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 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.

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.

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

To Be Completed By Agency Staff Only:

SIGNATURE OF DETERMINING AGENCY OFFICIAL: _____ DATE CERTIFIED: _____

APPLYING FOR "CRISIS" ASSISTANCE? Let's see if you qualify

Do you have a utility disconnect notice, or are you past due? Y or N _____

Do you have less than \$25 on a pre-paid utility account? Y or N _____

If Y to either question, be sure to attach documentation.

In addition you must meet one of the following criteria:

- Do you have a household member 60 or older, or below 6? _____
- Do you have a household member with a disability? _____
- Do you have a household member that is a veteran or active military? _____
- Is your household is experiencing a qualifying uncontrollable circumstance? _____

Please contact your local agency to discuss.



SELF-DECLARATION OF ZERO INCOME

(To be completed by the applicant)

Purpose: Only after all avenues of documenting zero income have been exhausted, a signed Self-Declaration of Zero Income is permissible to use. The Applicant must fill out and sign this form in its entirety, listing all adult household members declaring zero income within the last 30 days.

Applicant Name: _____

Primary Address: _____

I do hereby certify members listed on this form **have not** received income from the following resources within the last 30 days:

- Wages, salaries, tips before any deductions:
- Net receipts from non-farm or farm self-employment (receipts from a person’s own business or from an owned or rented farm after deductions for business or farm expenses)
- Regular payments from social security, TANF, railroad retirement, unemployment compensation, strike benefits from union funds, workers compensation, veteran’s payments, training stipends, alimony, child support, regular adoption assistance, and military family allotments or regular support from an absent family member or someone not living in the household
- Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments
- Net college or university scholarships, grants, fellowships or assistantships
- Dividends and/or interest
- Net rental income and net royalties
- Periodic receipts from estates or trusts; and
- Net gambling or lottery winnings
- Black Lung benefits will be considered income except for the first \$20 of each monthly benefit.

Note: Please list below all household members eighteen (18) years an older self-declaring zero income.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

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: _____