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| 17. Housing | Enter your current type of housing. Please select from: Own, Rent, Section 8, or Public Housing Authority. You may only select one (1) type of housing. |
| 18. Utility Overage | Enter the amount of any “overage” you may have been billed as a public housing tenant for the current or previous month for your utility service (please attach documentation). |
| 19. Type of Assistance Requested | Check either Energy Assistance or Energy Crisis Assistance. |
| 20. Family Type | Check here if you are a Single Parent (female or male), Adults with Children, Single, Adult-No Children, or Other. |
| 21. Do you receive regular financial assistance for disability | Check “Yes” or “No” |
| 22. Mail in Applicant | Check “Yes” if you are mailing the application in, and check “No” if not mailing the application in. |
| 23. Do you have a signed medical statement that requires medical life support equipment for your household | Check “Yes” or “No”. |
| 24. Income Information | Check all applicable sources of income for the household. |
| 25. Gross HH Income | Enter the Gross household income. |
| 26. Household Members Income Information | Enter here the household members who have an income, what their source of income is and the monthly of their income. YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN THE HOUSEHOLD AGE 18 OR OLDER. Earned income for children under 18 will not be counted. |
| 27. State your disability | State your disability. No documentation required. |
| 28. Applicant’s Signature | Please sign the application certifying to the statement listed. If someone else must sign the application for you, please attach a note stating why you cannot sign the application. Also, if you use a “mark” rather than your signature, please have your mark witnessed with the signature of another person. |
| 29. Date | Enter the date that you sign the application. |

NOTE: Do not complete the section of the application which is designated: (“FOR OFFICE USE ONLY”).

For additional information on completing the application, please call Stacy Baggett at 931-289-4101 in Erin, Tennessee, Lisa Brooks at 931-232-5184 in Dover, Tennessee, Suzanne Youngblood at 931-296-4098 in Waverly, Tennessee, and Beverly Gordon at 615-441-1153 in Dickson, Tennessee.

After the application is completed and all necessary documentation is attached, please mail it in the attached self-addressed envelope.

A notification status letter will be sent to you when authorization is given by Tennessee Department of Human Services. You must continue to pay your own energy bill until your account has been credited by your supplier or an energy delivery is made at your home.

Applications received after funds are exhausted will be put on a waiting list.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM APPLICATION
(Please Read Attached Instructions Before Completing)

1. _____ 2. _____
 Applicant Name Applicant's Address City/State Zip Code

3. _____ 4. _____ 5. _____ 6. Number in Household: _____ 7. Monthly Rent: _____
 Application Date County Phone Number

8. Household Information: **NOTE: ASSISTANCE WILL BE DENIED DUE TO AN APPLICANT'S REFUSAL OR INABILITY TO FURNISH ALL HOUSEHOLD MEMBERS' SOCIAL SECURITY NUMBERS AND VERIFICATION.**

Household Members	Age	Birthdate	Soc. Sec. # REQUIRED	Sex	Race	Education Level	Relation	Marital Status	Employment	Disability	Veteran	Health Ins.

9. Household Receiving Food Stamps: Yes No If yes, print the names: _____

10. Has your residence been served under the Weatherization Assistance Program? Yes No

11. Are you interested in the Weatherization Assistance Program? Yes No

12. _____ 13. A. _____ B. _____ 14. _____
 Source(s) of Energy Utility Account Number(s) Home Energy Costs

15. A. _____ B. _____ 16. Name, Address, & Telephone Number of Energy Supplier to Receive Payment:
 Name(s) Utility Account(s) Is In _____

17. _____ 18. _____
 Housing Overage _____

19. Type of Assistance Applying For (Check One): Energy Assistance / Energy Crisis Assistance

20. Family Type: Single Parent Male ___ Single Parent Female ___ Two Parent Household ___ Single Person ___ Two Adults NO Children ___ Other ___

21. Do you receive regular financial assistance for disability? Yes N 22. Mail in Applicant Yes No

23. Do you have a signed medical statement that requires medical life support equipment for your household? Yes No

24. Income Information: 25. Gross Household Income: _____

- Salary/Wages Alimony/Support TANF Self Employment Income
- General Assistance Unemployment Comp. Social Security SSI
- Retirement/Pension Dividends/Interest Other Income No Income
- Food Stamps Medical Aid Housing Income Veterans Benefit

26. List Below Household Members/Income Source/Monthly Income: **YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN THE HOUSEHOLD AGE 18 OR OLDER.** Earned income for children under 18 will not be counted.

27. State your disability: _____
 (no documentation required)

I certify to the best of my knowledge that all of the information provided by me is true and correct. I also authorize the verification of any and all information for the purpose of certification and for assistance, and do ___ or do not ___ agree that the information contained in my application may be shared with other agencies from which I seek additional services. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is liable to prosecution under applicable criminal laws. I also certify, that I have been informed of the appeal process under provisions of the Low Income Home Energy Assistance Program and that I shall be notified of my eligibility status within the time period acknowledged to me by authorized personnel of the local contract agency. Have you received assistance under the LIHEAP Program since October of this year through any TN LIHEAP Agency? Yes ___ No ___ If yes, which agency provided assistance? _____

28. _____ 29. _____
 Applicant's Signature Date

FOR OFFICE USE ONLY (APPLICANT DO NOT COMPLETE)

Eligible Benefit Amount Amount of Annual Household Income Verified Signature of Pre-Certification Worker Date

