

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) APPLICATION FOR ASSISTANCE

◆ **Application is not complete without applicant signature on page 2.**

For Agency Office Use Only
DATE RECEIVED:

Type of assistance you are applying for: (Check one)
 Energy Assistance Crisis Assistance

Have you received assistance under the LIHEAP program since July 1 of this year through any TN LIHEAP Agency? Yes No (circle)

If yes, which agency provided assistance? _____

Applicant Name:				Telephone:			
Current Address:				City:	State:	Zip:	How long at this location?
County:							
Mailing Address:				City:	State:	Zip:	
Previous Address:				City:	State:	Zip:	How long at this location?

LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT). USE BLANK SHEET IF YOU NEED MORE SPACE

Name	Relationship to Applicant	Social Security #	D.O.B.	Age	Sex	Race	Education Level	Receive Food stamps?	Disabled	Health Insurance	Income	Source of Income	Gross Monthly Income
Applicant Name:								Y or N	Y or N	Y or N	Y or N		
Household Member:								Y or N	Y or N	Y or N	Y or N		
Household Member:								Y or N	Y or N	Y or N	Y or N		
Household Member:								Y or N	Y or N	Y or N	Y or N		
Household Member:								Y or N	Y or N	Y or N	Y or N		
Household Member:								Y or N	Y or N	Y or N	Y or N		
Household Member:								Y or N	Y or N	Y or N	Y or N		
Household Member:								Y or N	Y or N	Y or N	Y or N		

-NOTE: Assistance will be denied due to an applicant's refusal or inability to furnish all household members' Social Security Numbers and Verification.

► **YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN HOUSEHOLD AGE 18 OR OLDER** ◀

FAMILY TYPE (check one)	
Single Parent Female	<input type="checkbox"/>
Single Parent Male	<input type="checkbox"/>
Two Parent Household	<input type="checkbox"/>
Single Person	<input type="checkbox"/>
Two Adults NO Children	<input type="checkbox"/>
Other	<input type="checkbox"/>

Total Annual Gross Income All Household Members Over Age 18
\$

Upper Cumberland Human Resource Agency

CLIENT CERTIFICATION

PLEASE READ THE STATEMENTS BELOW:

NON DISCRIMINATION

No person on the basis of handicap, race, color, religion, sex, age, or national origin will be excluded from participation in, or denied benefits of, or otherwise subjected to discrimination in the operation of the LIHEAP, or any CSBG Program.

GRIEVANCE STATEMENT

PLEASE BE AWARE THAT IF AN APPLICATION IS DENIED FOR ANY REASON OTHER THAN A LACK OF FUNDING, APPLICANT HAS THE RIGHT TO APPEAL THE DECISION. IF YOU WISH TO FILE AN APPEAL PLEASE CONTACT Sandra Carter – CSBG/LIHEAP Manager – 931-528-1127 or by mail at 580 South Jefferson Avenue Suite B, Cookeville TN 38501.

CONFIDENTIALITY STATEMENT

PLEASE BE AWARE THAT YOUR INFORMATION WILL NOT BE SHARED WITH OTHER ORGANIZATIONS OR PERSONS WITHOUT YOUR CONSENT. PLEASE CHECK ON THE APPLICATION WHEN ASK IF YOU **DO** OR **DO** **NOT** AGREE TO THE SHARING OF YOUR INFORMATION.

NOTIFICATION OF CHANGE TO HOUSEHOLD

I UNDERSTAND THAT I MUST INFORM THE UPPER CUMBERLAND HUMAN RESOURCE AGENCY OF ANY CHANGE TO HOUSEHOLD INFORMATION CONCERNING INCOME, ADDRESS, ENERGY SUPPLIER, ENERGY SUPPLIER ACCOUNT NUMBER, HOUSEHOLD SIZE AND OR ANY OTHER CHANGES THAT MAY DETERMINE MY ELIGIBILITY FOR AGENCY SERVICES.

I acknowledge by my signature below that I have been provided information about the Upper Cumberland Human Resource Agency policies as described above. By signing below I certify that I read the above policies and fully understand the agencies responsibilities and my own.

Client Signature

Date

Staff Signature

Date

Attachment A