

**SOUTHWEST HUMAN RESOURCE AGENCY  
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

Number of HH members who are:	
Age under 12 months	_____
Age 2 years or under	_____
Age 3 - 5 years	_____
Age 60 - 69 years	_____
Age 70 or older	_____

**APPLICATION FOR ASSISTANCE**

Type of assistance you are applying for: (Check one)  
 \_\_\_\_\_ Energy Assistance    \_\_\_\_\_ Crisis Assistance  
 If Crisis, what is your uncontrollable circumstance?  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you received assistance under the LIHEAP program since July 1, 2010 through any TN LIHEAP Agency? Yes No (circle)  
 If yes, which agency provided assistance? \_\_\_\_\_

You must provide documentation of your circumstance.

<b>Applicant Name:</b>		Telephone:	
Mailing Address:		City:	State:
County:	# in HH:	Receive Foodstamps? Y or N	If Yes under what name?
		Cell:	Zip:

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

Name ~ List Applicant First	Social Security #	D.O.B.	Race	Sex	EDU LVL	Relation	Marital	Disabled	Med Ins	Income	Source	Amount
						HH		Y or N	Y or N	Y or N		
								Y or N	Y or N	Y or N		
								Y or N	Y or N	Y or N		
								Y or N	Y or N	Y or N		
								Y or N	Y or N	Y or N		
								Y or N	Y or N	Y or N		
								Y or N	Y or N	Y or N		
								Y or N	Y or N	Y or N		

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

TOTAL HOUSEHOLD INCOME \$ \_\_\_\_\_

DO YOU HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT?  Y or N  N  
 DOES YOUR HOUSEHOLD RECEIVE REGULAR FINANCIAL ASSISTANCE FOR DISABILITY?  Y or N  N  
 PLEASE STATE SELF-DECLARED HANDICAPPING CONDITION: \_\_\_\_\_

HOUSING: (Please mark one)     OWN     RENT     SECTION 8     PUBLIC HOUSING AUTHORITY

SOURCE(S) OF ENERGY: (Circle)  
 Electric    Natural Gas    LP Gas    Wood    Kerosene    Coal    Fuel Oil

PLEASE ATTACH STUBS, INVOICES, RECEIPTS, ETC FOR ALL ENERGY SOURCES IN THE HOUSEHOLD

UTILITY COMPANY TO RECEIVE PAYMENT: (LIST ONLY ONE)  
 UTILITY COMPANY NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

I CERTIFY THAT THE ABOVE ACCOUNT IN THE NAME OF \_\_\_\_\_ IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS. IS THIS ACCOUNT IN YOUR LANDLORDS NAME? Yes or No

**Has your residence ever been served under our Weatherization Assistance Program? Y or N Are you interested in that program? Y or N**

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 THE AUTHORIZED PERSONNEL OF THE LOCAL CONTRACT AGENCY.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY INTAKE STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

ELIGIBLE BENEFIT LEVEL \$ \_\_\_\_\_ AUTHORIZED AGENCY OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

NO PERSON ON THE BASIS OF HANDICAP, RACE, COLOR, RELIGION, SEX, AGE OR NATIONAL ORIGIN WILL BE EXCLUDED FROM PARTICIPATION IN, OR BE DENIED BENEFITS OF, OR BE OTHERWISE SUBJECTED TO DISCRIMINATION IN THE OPERATION OF THE LIHEAP PROGRAM.

**\* ASSISTANCE WILL BE DENIED DUE TO AN APPLICANTS REFUSAL OR INABILITY TO FURNISH A SOCIAL SECURITY NUMBER.**