

**SOUTHWEST HUMAN RESOURCE AGENCY
INSTRUCTIONS FOR LIHEAP APPLICATION FY 2021
ENERGY ASSISTANCE PROGRAM**

1. Mark the type of assistance you are applying for (Energy or Crisis)
If applying for Crisis, you must have an elderly or disabled household member, a child under 6 years of age, or have documentation of a qualifying uncontrollable circumstance and have a cut-off notice, or a lack of home-delivered fuel.
Answer have your utilities been disconnected, and if you have received a cut off notice with a Yes or No.
2. Answer Yes or No if you have or have not received assistance under this program since October 1, 2020 through any agency in TN. Please list which agency, if any, you received assistance from.
3. Print what County you live in.
4. Print your full name. **You must attach a copy of your government issued ID**
5. Write your contact numbers; include a cell phone if available.
6. Write your physical address, city, State, and zip.
7. Write your mailing address, if different from your physical.
8. Mark which applies to your living status if you currently own, rent, utilize Section 8 or Public housing.
9. Answer if there is a signed medical statement for anyone in your household for life support equipment.
10. Applicant information is needed for every member of the household. Please answer all questions in this area for every member, beginning with the applicant.

Name, Sex, Date of Birth, Social Security Number, Relationship to the Applicant, Race (W-White, AA-African American, A-Asian, AI-American Indian, NH-Native Hawaiian, MR-Multi Racial, OT-Other), Citizenship Status (US-US Born/Naturalized, ELR-Eligible Legal Resident, NELR-Non-Eligible Legal Resident, UR-Undocumented Resident), circle yes or no if this person has Medical Insurance, Marital Status, Highest grade completed, circle yes or no if this person receives assistance for a disability, circle yes or no if this person has income, what source is the income from, and how much income is there monthly.

Legal documentation from Social Security Administration (copy of social security card or a letter from SSA office) of social security numbers is required for every member of your household.

*****Assistance will be denied due to an Applicants refusal to furnish all household members social security numbers and verification.*****

We need income documentation for every member of the household. We can not accept, check copies, 1099's, tax returns, bank statements, or annual summaries. (except in cases with self-employment)
For Social Security, SSI, or Pension income, the documentation must be from the current year you are applying.
For Employment wages, we must have the most recent 30 days of paystubs, or an official statement from your employer with the most recent 30 days of gross income, supervisor's name, address, phone number and signature.
We do not count earned income (wages) from anyone in the household under 18 years of age.
You must provide documentation of zero income, if your household does not report any.

*****No Application can be processed without required income documentation*****

11. For each member in the household that is permanently disabled, please write member's name and the nature of their disability.
12. List all household members that are active military or a veteran. **Provide supporting documentation**
13. If applying for Utility Overages for Section 8 or Public Housing, fill in the amount of overage.
14. Circle all types of energy that are used in your household

***Attach the most recent 12 month summary for electric and natural gas.
For home-delivered energy, please attach the last 12 months receipts, invoices, etc.***

15. List the Energy Supplier that *YOU WOULD LIKE FUNDS TO GO TO*
If requesting assistance with wood, kerosene, coal or fuel oil, please supply your vendors name, address, and phone number along with receipts. If you are requesting home delivered fuel, the payment will go directly to your vendor. **There are NO direct payments to clients.**
16. Write your account number from that supplier.
17. Write the name the utility account is listed in, and the relationship to you if that name is different than your own and certify that you, the applicant, are responsible for its payments.
18. Answer Yes or No. Has your house has ever been served under Weatherization, and if not, are you interested in that program.
19. Read the certification and check if you do or do not agree to have your information shared with other agencies regarding additional services.
20. Sign and date the application.

PLEASE MAIL THIS APPLICATION **ALONG WITH ALL REQUIRED DOCUMENTATION** TO:
SWHRA, COMMUNITY SERVICES, PO BOX 264, HENDERSON, TN 38340