



SOUTHWEST HUMAN RESOURCE AGENCY
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

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

APPLICATION FOR ASSISTANCE

For Agency Use Only
Date Application Received:
Date Application Completed:
Application Status: (Circle One)
Approved Denied

Have you received assistance under the LIHEAP program since October 1, 2020 through any TN LIHEAP Agency? Yes No (circle)
If yes, which agency provided assistance?

Have your utilities been disconnected? Y or N Have your received a cut off notice? Y or N
Please attach a copy of your disconnect notice and documentation of your circumstance.

Applicant Name Telephone:
County:
Cell:
Physical Address: City: State: Zip:
Mailing Address (if different): City: State: Zip:

HOUSING: (Please mark one) OWN RENT SECTION 8 PUBLIC HOUSING AUTHORITY
Do you have a signed medical statement that requires life support in your home? YES NO

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

Table with 14 columns: Name, Sex, Date of Birth, Social Security Number, Relation to Applicant, *Optional Race, Citizenship Status, Medical Insurance, Marital Status, Highest Grade Complete, Receive Assistance for Disability, Income, Source, Amount. Includes 'HH' in the Relation to Applicant column.

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

DECLARATION OF DISABILITY: (Please use additional paper if more space is needed)
Name of HH member and please state permanent disability:
Name of HH member and please state permanent disability:

LIST ALL HOUSEHOLD MEMBERS THAT ARE ACTIVE MILITARY OR VETERAN AND PROVIDE SUPPORTING DOCUMENTATION:

YOU MUST ATTACH MOST RECENT 12 MONTH SUMMARY, INVOICES, RECEIPTS, ETC FOR ALL ENERGY SOURCES IN THE HOUSEHOLD

SOURCE(S) OF ENERGY: (Circle) Electric Natural Gas LP Gas Wood Kerosene Coal Fuel Oil
Public Housing/Section 8: Amount of Utility "Overage" \$
UTILITY COMPANY TO RECEIVE PAYMENT: (LIST ONLY ONE)
UTILITY COMPANY NAME: ACCOUNT NUMBER:

I CERTIFY THAT THE ABOVE ACCOUNT IN THE NAME OF (RELATIONSHIP TO APPLICANT) IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS

Has your residence ever been served under our Weatherization Assistance Program? YES NO Are you interested in that program? YES NO
I certify that all of the information provided by me is true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for receipt of LIHEAP assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both.

APPLICANT SIGNATURE: DATE:

REVIEWED BY INTAKE STAFF: DATE:

FY 2021 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 TO FURNISH ALL HOUSEHOLD MEMBERS SOCIAL SECURITY NUMBERS AND VERIFICATION.