

Community Action Agency  
150 Lafayette Road  
Clarksville TN 37042 (931)896-1800



## Cover Sheet

**\*Have you received assistance under LIHEAP program since Oct. 1, 2014 through any TN Liheap Agency? Yes / No**

### **YOU MUST INCLUDE ALL REQUESTED DOCUMENTATION:**

1. **HOUSEHOLD'S GROSS MONTHLY INCOME** (examples below)  
(must provide income for all household members 18 years and older)

Social Security Award letter (SS)  
 Supplemental Social Security Award letter (SSI)

**Employment:**

Paid Bi-weekly (4 check stubs)  
 Paid weekly (8 check stubs)  
 Paid monthly (2 check stub)

Child support statement/alimony documents  
 For Zero income-statement of support  
 Self-employment documentation (call us for details)  
 Unemployment statement  
 VA compensation statement  
 Retirement statement

2. **SOCIAL SECURITY CARDS** OF ALL HOUSEHOLD MEMBERS  
Social Security cards will be verified (copies needed)  
\*failure to provide social security cards will cause your application to be denied
3. **Picture ID** of all members 18 years or older (required)
4. **Past 12 Months Usage Required** (electric, propane, natural gas)

**IF ALL DOCUMENTATION REQUIRED IS NOT INCLUDED...**  
**YOUR APPLICATION MAY BE DENIED AS BEING INCOMPLETE**

*This project is funded under an agreement with the State of Tennessee*

*\*If you have any questions please call our office 931-896-1800\**

**Clarksville/Montgomery County Community Action Agency**      **FY 2016**  
P.O. Box 487 - Clarksville, TN 37041 (931) 896-1800  
**Application For Low Income Home Energy Assistance Program (LIHEAP)**  
(Please read the attached instruction sheet before completing)

1. Head of Household Name \_\_\_\_\_ 2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone Number \_\_\_\_\_  
4. Family Type (check one) Single Individual \_\_\_\_\_ Female Single Parent \_\_\_\_\_ Male Single Parent \_\_\_\_\_ Adults w/Child(ren) \_\_\_\_\_ Adults w/out Child(ren) \_\_\_\_\_ Other \_\_\_\_\_  
5. Housing (circle one) own, rent, Section 8, public housing, \_\_\_\_\_ Citizenship: Us Born / Naturalized \_\_\_\_\_ Eligible Legal Resident \_\_\_\_\_ Non-Eligible Resident \_\_\_\_\_ Undocumented Resident \_\_\_\_\_  
For all household members 18 and older, including yourself, report total income from all sources. (documentation must be attached)

**6. List All Information On All Members Of The Household Starting With Yourself (attach Additional Sheet if Necessary)**

Household Members	Social Security No. (documentation must be provided)	Birthdate	Race	Sex	Education Level	Relation To Applicant	Marital Status	Disability Yes / No	Medical Insurance Yes / No	Employment	Income Yes / No	Receive Food Stamps, SSI, Families First Cash Assistance (indicate Any Receiving)

7. Does Your Household Receive Regular Financial Assistance For Disability? : Yes / No \_\_\_\_\_  
8. Please State the Disability: \_\_\_\_\_  
9. Does Household member have a signed medical statement for like support equipment? Yes / No \_\_\_\_\_  
10. Do You Or Anyone In Your Household Receive Food Stamps? Yes/No \_\_\_\_\_  
11. Has Your Residence Been Served Under The Weatherization Assistance Program? Yes / No \_\_\_\_\_  
12. If No, Are You Interested In Applying For That Program? Yes / No \_\_\_\_\_

13. Energy Source (s): Electricity, Natural Gas, Coal, Kerosene, Propane, Wood \_\_\_\_\_  
**Public Housing/Section 8 Tenants Only Amount of "Overages" \$ \_\_\_\_\_**  
14. Name of Energy Provider \_\_\_\_\_  
15. Utility Account Number: \_\_\_\_\_  
I certify that the above account(s) in the name of \_\_\_\_\_ (last 4 digits of SSN \_\_\_\_\_) relationship \_\_\_\_\_ is for the use of my household and I am responsible for its payments.  
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 the receipt of LIHEAP assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge I have been informed of the appeal process under provisions of the Low Income Home Energy Assistance Program. I attest under penalty of perjury that all persons applying for or receiving aid are either a United States citizen or qualified alien as defined by 8 U.S.C. § 1641(b), or eligible immigrants. I understand that I will be notified in writing of my eligibility status. Identifying information provided by you for determination of your eligibility for LIHEAP and for the provision of services from the program will be considered confidential, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the program. (LIHEAP). I am the customer or record, the customer's authorized agent, or an authorized third party to the utility service account identified in this application, and I authorize my utility service provider to disclose my customer data as requested by the LIHEAP administering agency. I do \_\_\_\_\_ or do not \_\_\_\_\_ agree that the information contained in my application may be shared with other agencies from which I seek additional services.

19. Applicant's Signature \_\_\_\_\_ 20. Date \_\_\_\_\_  
No person on the basis of race, color national origin, sex, age, disability, ancestry, status as a veteran, or any other characteristics protected by Federal, State, or Local will be excluded from participation in, or be otherwise subjected to discrimination in the operation of the LIHEAP program.

For Agency Use Only:	Home Energy Cost _____	Total Gross Annual Income _____	Eligible Benefit Level _____	Certification Worker Signature _____	Date _____
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