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



Cover Sheet FY 18-19

*Have you received assistance under LIHEAP program since July 1, 2018 from any TN LIHEAP Agency? Yes / No

YOU MUST INCLUDE ALL REQUESTED DOCUMENTATION:

1.	HOUSEHOLD'S GROSS MONTHLY INCOME (examples below) (must provide current income for all household members 18 years and older)
	Social Security Award letter (SS) 2018Supplemental Social Security Award letter (SSI) 2018
	Employment: (last 8 weeks needed)
	Paid Bi-weekly (4 check stubs)
	Paid weekly (8 check stubs)
	Paid monthly (2 check stub)
	Child support statement/alimony documents
	For Zero income-self-declaration of zero income form
	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.	Valid Picture ID of all members 18 years or older
4.	Past 12 Months Usage Required (electric, propane, natural gas)
5.	To Claim Military or Veteran Status acceptable documents required (DD-214 / Military ID)
	*IF ALL DOCUMENTATION REQUIRED IS NOT INCLUDED

This project is funded under an agreement with the State of Tennessee *If you have any questions please call our office 931-896-1800

YOUR APPLICATION MAY BE DENIED AS BEING INCOMPLETE

FY 2018/2019

Clarksville/Montgomery County Community Action Agency P.O. Box 487 - Clarksville, TN 37041, (931) 896-1800 Application For Low Income Home Energy Assistance Program (LIHEAP) (Application is not complete without applicant signature)

Date Certified		Signature	Certification Worker Signature	Certificat	Level	Eligible Benefit Level	Elig	me	Inco	Total Gross Annual Income	rgy Cost	For Agency Use Only: Home Energy Cost
	pation in,	16. Date ccluded from partici	16 vill be exclude	ate, or Local v	y Federal, St	ics protected l	r characterist	any othe	ran, or	15. Applicant's Signature, disability, ancestry, status as a veteran, the LIHEAP program.	15. App tional origin, sex, age, disability, lon in the operation of the LIHEA	15. Applicant's Signature
.C.§ 1641(b). I understand that anyone who fraudulently covers up a authorize the verification of any and all information provided herein writing of my eligibility status, identifying information provided by you for with any other persons or agencies except for purposes directly related to the with any other persons or agencies except for purposes directly related to the distinction my utility service provider to disclose my customer data as services.	rstand lhat anyon alion of any and a ly status, Identify ns or agencies e ly service provide	341(b). Lunder ize the verification of my eligibility of my eligibility my other person horize my utilities.	y 8 U.S.C.§ 16 or both. I author of both. I author of his writing of his area with a cation, and I authoral service dditional service	en as defined bran five years, all that I will be no ylaw, will not be ed in this applice which I seek as	a qualified alie for not more the n. I understand or required by occount identifie gencies from	tates Cilizen or imprisonment stance Progran wise authorized utility service a red with other a	her a United S s of \$10,000 or le Energy Assi l, unless other d party for the on may be sha	ant is eit n to a fin ow Incon onfidentia orized thi applicati	ne applic onviction of the Ludered conditions dered conditions an authorized in my	e and correct. I attest under penalty of perjury that the applicant is either a United States Citizen or a qualified alien as defined by 8 U.S.C.§ 164 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 informed of the appeal process under provisions of the Low Income Energy Assistance Program. I understand that I will be notified in writing or provision of services from the program will be considered confidential, unless otherwise authorized or required by law, will not be shared with any omer of record, the customer's authorized agent, or an authorized third party for the utility service account identified in this application, and I authorized agent agent is a state of the unit of the uni	y me is true and correct. I attest un iformation for the receipt of LIHEAF e I have been informed of the appea and for the provision of services fro m the customer of record, the custo ency. I do or do not agree t	Learlify that all of the information provided by me is true and correct. I attest under penalty of perjury that the applicant is either a United States Citizen or a qualified allien as defined by 8 U.S.C.§ 1641(b). 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 Energy Assistance Program. I understand that I will be notified in writing of my eligibility status, Identifying information provided by you 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 administration of the program (LIHEAP). I am the customer of record, the customer's authorized agent, or an authorized third party for the utility service account Identified in this application, and I authorize my utility service provider to disclose my customer data 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.
IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS	SPONSIBLE FOI	AND I AM RES	HOUSEHOLD /	USE OF MY I	IS FOR THE					y? Yes / No	ed as Veteran or active Militai	Are any household member classified as Veteran or active Military? Yes / No
	ame of	s) in the na	l certify that the above account(s) in the name of	hat the abo	I certify t						r That Program? Yes / No	11. If No, Are You Interested in Applying For That Program? Yes / No
			mber:	14. Utility Account Number:	14. Utility					Program? Yes / No	er The Weatherization Assistance	10. Has Your Residence Been Served Under The Weatherization Assistance Program? Yes / No
2			rovider:	Name of Energy Provider	13. Name					quipment? Yes / No	medical statement for life support e	9, Does Household member have a signed medical statement for life support equipment? Yes / No
)verage" \$	Public Housing/Section 8 Tenants Only Amount of "Overage" \$	ants Only	ection 8 Ten	c Housing/S	Public				9		State the Disability:	8. Name of Household member and Please State the Disability:
Electricity, Natural Gas, Coal, Kerosene, Propane, Wood	Gas, Coal,	ity, Natural		2. Energy Source (s):	12. Energ				ł	Yes / No	inancial Assistance For Disability?	7 Does Your Household Receive Regular Financial Assistance For Disability?
								+	-			
								+	+			
								+	-			
								+	-			
									+			
SSI, Families First Cash Assistance (Indicate Any Receiving)	Income t Yes / No	Employment	Insurance Yes / No	Disability Yes / No	Marital Status	Relation To Applicant	Education Level	Sex Sex	Race	Віпhdale	Social Security No. [Documentation Must Be Provided)	Household Members
	ecessary)	nal Sheet If No	Attach Addition	Yourself (ng With	old Starti	e Househ	아 다 가	bers	List All Information On All Members Of The Household Starting With Yourself (Attach Additional Sheet if Necessary)	6. List All Inform	
Person Male(no children)More Than One Adult (no children)_ Eligible ResidentUndocumented Resident	children)N ntUndoc	ıgle Person Male(no chi Non-Eligible Resident	_ Single PersontNon-Elig	emale (no children)Sir Eligible Legal Resident	emale (no o Eligible Leg	Single Person Female (no children)_/ / NaturalizedEligible Legal Reside	Parent Household Single Person Citizenship: Us Born / Naturalized Mentation must be attached)	2 Parent Household_ Citizenship: Us Borrumentation must be attache	arent h tizens	Single Parent Male 2 P. blic housing. Ci- income from all sources (documen	e) Single Parent FemaleSingle Pare own, rent, Secton8, public housing.	4. Family Type (check one) Single Parent FemaleSingle Parent Male2 Parent Household5. Housing (circle one): own, rent, Section8, public housing. Citizenship: Us Born 5. Household members 18 and older, including yourself, report total income from all sources (documentation must be attached)
Telephone Number	_	Zip Code	Zip	State		City				Address		Head of Household Name
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