

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



## Cover Sheet FY 18-19 B

**\*Have you received assistance under LIHEAP program since January 1, 2019 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) 2019  
\_\_\_\_\_ Supplemental Social Security Award letter (SSI) 2019

**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  
\_\_\_\_\_ Self-employment documentation (call us for details)  
\_\_\_\_\_ Unemployment statement (need balance information)  
\_\_\_\_\_ VA compensation statement 2019  
\_\_\_\_\_ Retirement statement for 2019  
\_\_\_\_\_ For Zero income-self-declaration of zero income form

- 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)**
- 6. Section 8 Lease Statement if applicable (covering last 12 months)**

**\*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*

**How did you hear about this program?**

**Clarksville/Montgomery County Community Action Agency**      **FY 2018/2019 B**  
 P.O. Box 487 - Clarksville, TN 37041, (931) 896-1800  
**Application For Low Income Home Energy Assistance Program (LIHEAP)**

How did you hear about this program

- Social Media       Head Start  
 Radio                       Flyers  
 Public Housing               Other

1. Head of Household Name \_\_\_\_\_ 2 \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

4. Family Type (check one) Single Parent Female \_\_\_ Single Parent Male \_\_\_ 2 Parent Household \_\_\_ Single Person Female (no children) \_\_\_ Single Person Male (no children) \_\_\_ More Than One Adult (no children) \_\_\_  
 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	Mental Status Yes / No	Disability Yes / No	Insurance Yes / No	Medical	Employment Yes / No	Income Yes / No	SSI, Families First Cash Assistance (Indicate Any Receiving)	Receive Food Stamps

7. Does Your Household Receive Regular Financial Assistance For Disability? Yes / No \_\_\_\_\_  
 8. Name of Household member and Please State the Disability: \_\_\_\_\_  
 9. Does Household member have a signed medical statement for life support equipment? Yes / No \_\_\_\_\_  
 10. Has Your Residence Been Served Under The Weatherization Assistance Program? Yes / No \_\_\_\_\_  
 11. If No, Are You Interested In Applying For That Program? Yes / No \_\_\_\_\_  
 Are any household member classified as Veteran or active Military? Yes / No \_\_\_\_\_

12. Energy Source (s): Electricity, Natural Gas, Coal, Kerosene, Propane, Wood  
 Public Housing/Section 8 Tenants Only Amount of "Overage" \$ \_\_\_\_\_  
 13. Name of Energy Provider: \_\_\_\_\_  
 14. Utility Account Number: \_\_\_\_\_  
 I certify that the above account(s) in the name of \_\_\_\_\_  
 IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS

15. Applicant's Signature \_\_\_\_\_ 16. 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 law 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 Certified _____
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I certify 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 alien 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 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 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 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.