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



## Cover Sheet FY 20/21

\*Have you received assistance under LIHEAP program since October 1, 2020 from any TN LIHEAP Agency? Yes / No(if yes you are not eligible to apply)

## YOU MUST INCLUDE ALL REQUESTED DOCUMENTATION:

1.	HOUSEHOLD'S GROSS MONTHLY INCOME (examples below) (Must provide current income for all household members)
	Social Security Award letter (SS) 2021  Supplemental Social Security Award letter (SSI) 2021  Employment: (last 4 weeks needed)  Paid Bi-weekly (2 check stubs)  Paid weekly (4 check stubs)  Paid monthly (2 check stubs)  Child support statement/alimony documents  Self-employment documentation (call us for details)  Unemployment statement (claim summary)  VA compensation statement 2021  Retirement statement for 2021  For Zero income-self-declaration of zero income form
2.	Social Security Cards of ALL household members (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 Printout Required & Current Utility Bill
	(Electric, propane, natural gas)
5.	To Claim Military or Veteran Status acceptable documents required (DD-214 / Military ID)

6. Section 8 Notice of Change&Lease/HAP Amendment

\*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 P.O. Box 487 - Clarksville, TN 37041, (931) 896-1800

FY 2020/2021

A	Application For Low Income Home Energy Assistance Program  (Application is not complete without applicant signature)	Income Home Energy Assistanc	nergy Assista	nce Progra	am (LIHEAP)	ي		How did you hear about this program
	2							Social Media
Head of Household Name	Address		City	State	ZIÞ Code	<u> </u>	Telephone Number	Radio
4. Family Type (check one) Single Parent Female_		arent Household Sing	le Person Female (no c	hildren) Sing	le Person Male(no	children)Mo	_Single Parent Male2 Parent HouseholdSingle Person Fernale (no children)Single Person Male(no children)More Than One Adult (no children)	]
5. Housing (circle one): own, rent, Secto	own, rent, Secton8, public housing.	Citizenship: Us Born / Naturalized_		gal Residentt	Eligible Legal ResidentNon-Eligible ResidentUndocumented Resident	ntUndocur	nented Resident	Public Housing
For all household members 18 and older, including yourself, report total income from all sources (documentation must be attached	eport total income from all sources (docum	entation must be attached)						]
6. List	6. List All Information On All Members Of The Household Starting With Yourself (Attach Additional Sheet If Necessary)	bers Of The Househ	old Starting With	Yourself (Attacl	h Additional Sheet If h	ecessary)		Head Start
Social Security No.	curity No.				Medical		Receive Food Stamps,	
(Document Be Pro	(Documentation Must  Be Provided)  Birthdate	Race Sex Level	Relation To Marital Applicant Status	Disability In	res / No Employment	Income It Yes / No	SSI, Families First Cash Assistance (Indicate Any Receiving)	Flyers
								Other (explain)
7. Does Your Household Receive Regular Financial Assistance For Disability?	ce For Disability? Yes / No		12. Energ	12. Energy Source (s):	Electricity, Natura	l Gas, Coal, K	Electricity, Natural Gas, Coal, Kerosene, Propane, Wood	
8, Name of Household member and Please State the Disability.	₹.		Publ	ic Housing/Sectio	Public Housing/Section 8 Tenants Only Amount of "Overage" \$	Amount of "Ove	erage" \$	
9. Does Household member have a signed medical statement for life support equipment?	nt for life support equipment? Yes / No		13. Name	Name of Energy Provider.	der.			
10. Has Your Residence Been Served Under The Weatherization Assistance Program? Yes / No	ation Assistance Program? Yes / No		14. Utility	14. Utility Account Number.	ā		<u>.</u>	
11, If No, Are You Interested to Applying For That Program? Yes / No	Yes / No		I certify	that the above a	I certify that the above account(s) in the name of	ame of		
Are any household member classified as Veteran or active Military? Yes / No	ractive Military? Yes / No		IS FOR TH	E USE OF MY HOUS	IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS	SPONSIBLE FOR I	TS PAYMENTS	
Leartity that all of the information provided by me is true and correct, lattest under penalty of perjury that the applicant is either a United States Critzen or a qualified allen as defined by 8 U.S.C.§ 164(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 brench to determine my eligibility, and acknowledge I have been informed of the appeal process under provisions of the Low Income Energy Assistance Program, I understend 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), and 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.	correct. I attest under penalty of perjury the receipt of LIHEAP assistance is liable upo receipt of LIHEAP assistance is liable upo writed of the appeal process under provision on of services from the program will be co	the applicant is either a United 1 conviction to a fine of \$10,000 1s of the Low Income Energy As sidered confidential, unless oth year authorized third party for ut are authorized third party for ut ned in my application may be st	States Citizen or a qualified or imprisonment for not mor imprisonment for not mor sistance Program, I underst smise authorized or require e utility service account idea e utility service account idea with other agencies from a red with other agencies for size of the si	alien as defined by a lien as defined by e than five years, or lend that I will be notified by law, will not be so thised in this application which I seek additional and the	B U.S.C.§ 1641(b). I uboth, I authorize the veloth, I authorize the velified in writing of my eligitating with any other pulsar, and I authorize my thonal services.	nderstand that anyonification of any and ibility status. Identifiers or agencies or the provice province provice province pro	ne who fraudulently covers up a all information provided herein ying information provided by you for young information provided by you for except for purposes directly related to the ier to disclose my customer data as	
15. Applicant's Signature	15. Applicant's Signature , age, disability, ancestry, status as a veteration of the UHEAP program.	JI'O	stics protected by Federal	State, or Local will	16. Date_be excluded from pa	ticipation in,		
For Agency Use Only:								
	Table Common Annual	Elli.	Elicible Banefit Level	Cartification	Certification Worker Signature		Date Certified	
	Total Conce Annual	The state of the s	TO MAN TO	TOTAL COLOR	THE PARTY OF THE P		Date Celtified	