LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) APPLICATION FOR ASSISTANCE

♦ Application is not complete without applicant signature on page 2.

For Agency Office Use Only	
DATE APPLICATION RECEIVED:____	
DATE APPLICATION COMPLETED:_____	
APPLICATION STATUS: APPROVED DENIED	

Type of assistance you are applying for: (Check one)

_____Energy Assistance _____Crisis Assistance

Have you received assistance under the LIHEAP program since July 1, 2017 through any TN LIHEAP Agency? (circle) Yes or No

If yes, which agency provided assistance?_____

Applicant Name:			Telephone: Cell:
Current Address:	City:	State:	Zip:
County:			
Mailing Address (If different from Current Address):	City:	State:	Zip:

LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT). USE ADDITIONAL PAPER IF YOU NEED MORE SPACE

NAME (must provide first and last name)	MARITAL STATUS	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	RACE (Optional to Provide) White, Black, Hispanic, Asian/Pacific Islander, Native American, Native Alaskan, Other - define	HIGHEST GRADE OF SCHOOL COMPLETED	DOES HOUSEHOLD MEMBER RECEIVE REGULAR FINANCIAL ASSISTANCE FOR A PERMANENT DISABILITY?	HEALTH INSURANCE	INCOME	RECEIVE FOOD STAMPS, SUPPLEMENTAL SECURITY INCOME, FAMILIES FIRST CASH ASSISTANCE (INDICATE ANY RECEIVING)
Applicant Name:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	

Are any Household Members classified as a Veteran or Active Military: ☐ Yes ☐ No

FAMILY TYPE (check one)	DECLARATION OF DISABILITY (Please use additional paper if more space is needed)
Single Parent Female ☐	NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:
Single Parent Male ☐	DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? (circle) YES NO
2 Parent Household ☐	NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:
Single Person Female (no children) ☐	DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? (circle) YES NO
Single Person Male (no children) ☐	NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:
More Than One Adult (no children) ☐	DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? (circle) YES NO

☞ *NOTE 1: ASSISTANCE WILL BE DENIED DUE TO AN APPLICANT'S REFUSAL TO FURNISH ALL HOUSEHOLD MEMBERS' SOCIAL SECURITY NUMBERS AND VERIFICATION* ☜

(complete both pages)

► NOTE 2: *YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN HOUSEHOLD AGE 18 OR OLDER* ◄