## **LIHEAP 2024-25 ENERGY ASSISTANCE**

## **INCLUDE WITH APPLICATION:**

- 1. Proof of all household income dated 2024:
  - If paid weekly; last 4 check stubs
  - If paid biweekly; last 2 check stubs
  - If receiving unemployment benefits: Must provide the statement from Dept. of Labor showing the full amount eligible to receive.
  - Social Security/SSI- Must provide the Award letter received in November/December 2023 (from SSA) showing the new amount for 2024 or printout from Social Security with current monthly benefit amount.
  - Self-employment-tax statement from 2023 or complete selfemployment form provided on day of appointment.
  - Anyone in the home over 18 years old with no income must have the attached zero income form completed by the applicant.
- 2. Copy of social security cards for all in the home: Child in the home under 1 year old that does not have a social security card must provide a copy of the birth certificate or mother's copy of birth.
- 3. Copy of current government issued ID for applicant only
- 4. Last 12 months of electric usage from your utility company.

  Also include a copy of your current bill for electric or natural gas.
- **5. Veteran or Active Military:** Veteran or Active Military in the household will receive additional points by providing proof of honorable discharge, military ID or driver's license (if states veteran)

## East Tennessee Human Resource Agency Low Income Home Energy Assistance Program ENERGY ASSISTANCE APPLICATION

1.				2.		
Applicant Name	Address	City, Zip Code	;		of Residence	
3 4 5.	Energy Source: Electric,	, Natural Gas, LP Gas	, Wood, C	coal, Kerosene_	, Fuel Oil	
Phone Number # in Household  Name, address, phone number and account number of your fuel/ utility supplier:  Yes No  (Documentation must be provided)						
Is this account in landlord's nan	102 V N 9 E					
I CERTIFY THAT THE ABOVE ACCOUNT(S) IN						
9						
Housing: (Rent, Own, Sec. 8, Public Hous	10 ing) Name of Public Hous	sing Agency		I, Separated, Divorced, V		
12 Household Mambars Dessiving	r Food Stamps: Vos N	No. 12 Hoolth				
12. Household Members Receiving						
14. Enter the names, full social sec <u>Documentation of income for al</u> *assistance will be denied due to an applie	ll household members over 1	8 must be included (If more	e than 4 household n		ehold members:	
1.	2	3		1		
Name	2. Name	3. Name		4. Name		
SS#	SS#	SS#	SS#		SS#	
Income Source(s)	Income Source(s)	Income Source	Income Source(s)		Income Source(s)	
s	\$	s	\$		\$	
Monthly Amount	Monthly Amount	Monthly Amo	Monthly Amount		Monthly Amount	
Birthdate Health Ins?	Birthdate Health In	ns? Birthdate	Health Ins?	Birthdate	Health Ins?	
Race Sex Education Level	Race Sex Education	on Level Race Sex	Education Level	Race Sex	Education Level	
15. Have you received assistance under the LIHEAP program from any TN Agency since October 1, 2024? Yes No						
No person on the basis of handicap, race, discrimination in the operation of the LIH.		origin will be excluded from parti	cipation in, or be de	enied benefits of, or be o	therwise subjected to	
FOR OFFICE USE ONLY	on program.	IF APPLYING FO	R "CRISIS" ASS	SISTANCE, TELL U	JS WHY?	
Annual HH Income Verified		Has your electric or gas been disconnected? YNHave you received a cut off notice? YN				

\*\* If you have received a cut off notice, please attach a copy

Signature of Reviewer

Date