

LIHEAP Applicants

We will need the following information in order to complete your application:

Complete application. Do not leave any area blank. **Be sure to sign it!**

Government issued ID (Must be valid) for the Household member who signs the application.

Options: license, state or federal ID, passport, military ID, birth certificate, and voter's registration card.

Social security cards for **everyone** in the house.

Proof of **gross income** for everyone in the house for the last **30** days. Please provide current SSA/SSI award letters, pay stubs, child support, families first, retirement, and alimony. For self-employment acceptable proof could be a statement, current tax return, well maintained documents or complete a self employment form.

Head of household must sign a zero Income statement for anyone over the age of 18 that has no income.

Proof of veteran or active military status. (VA ID card, DD214, etc.)

Copy of current utility bill(s).

You must provide a print out from your energy provider(s) that shows your usage for the last 12 months, or however long you have lived at your current address. **List the name of the vendor that you want to receive help with under 1st Choice on your application.** (Electric, Natural Gas, Propane, Kerosene, Wood or Coal).

If you live in Public Housing and receive any type of Utility Allowance or Reimbursement, you must provide written proof from the Housing Authority of the amount of your allowance, the 12 month billing history from the energy provider, and tenant information.

Please send copies of all documentation mailed together. We cannot return originals.

Please do not turn in your application if you do not have all required documents.

You can mail your completed application and required documents to

**UETHDA LIHEAP
PO Box 46
Kingsport, TN 37662**

If you have any questions or need assistance filling out the application,
please call 423-246-6180 and select option 1 then option 2.

APPLICANT INFORMATION

Effective October 1, 2022 Expires September 30, 2023

Last 4 of SSN:			
Street Address:		City:	Zip:
Mailing Address:			County:
Household Type: Single Two-Parent Household Single Parent Two Adults/No Children Other			
Housing: Own Rent Section 8 Public Housing		Does anyone in the household receive Food Stamps: Yes No	
Is anyone in your household classified as a Veteran or Active Military? Yes No (If yes, please provide proof)			
Email Address:			
Legal Name:		Marital Status: Never Married Married Separated Divorced Widowed	
Sex: Male Female Other	Date of Birth:	SSN:	
Hispanic/Latino? Yes No	Race? White Black Asian Multi-Racial Other	US Citizen? Yes No	
Employment: Full Time Part Time Retired Not Employed Select one: 6 months or less 6 months + Not in labor force			
Health Insurance: TennCare Medicare Military Private Employment Based None			Are You Disabled? Yes No
Highest Grade Completed: 0-8th Grade 9-12th Grade HS Grad GED 2 or 4 Yr College Grad Post Secondary			
Source of Income? No Income Employment Social Security SSI Unemployment Benefits VA Benefits Pension Retirement Families First Child Support Other: _____		How are you paid? Weekly Bi-Weekly Semi-Monthly Monthly Amount paid? _____	

OTHER PEOPLE WHO LIVE IN THE HOME (Please use additional paper if you need space.)

Legal Name:		Marital Status: Never Married Married Separated Divorced Widowed	
Sex: Male Female Other	Date of Birth:	SSN:	Relationship to Applicant:
Hispanic/Latino? Yes No	Race? White Black Asian Multi-Racial Other	US Citizen? Yes No	
Employment: Full Time Part Time Retired Not Employed Select one: 6 months or less 6 months + Not in labor force			
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TYPE OF ASSISTANCE YOU'RE APPLYING FOR

Public Housing Utility Reimbursement, if receiving: Must provide energy usage from housing, tenant history sheet, and 12 month printout	Section 8 Utility Reimbursement, if receiving: Must provide 12 month printout and proof of reimbursement amount
1st Choice: Energy Supplier to Receive Payment: _____ Name on Account: _____ Account Number: _____	Energy Type: Electric Gas Wood Propane Oil Kerosene Coal
2nd Choice: Energy Supplier to Receive Payment: _____ Name on Account: _____ Account Number: _____	Energy Type: Electric Gas Wood Propane Oil Kerosene Coal
<p align="center">Has your home ever been served under our Weatherization Program since Sept 1, 1994? Yes No</p> <p align="center">Are you interested in that program? Yes No</p>	
<p>Certify that all of the information provided by me is true and correct. I attest under penalty of perjury that the applicants either a United States citizen or a qualified alien as defined by 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 Home 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.</p> <p>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.</p> <p>Applicant signature: _____ Date: _____</p>	