

Clarksville/Montgomery County Community Action Agency

FY 2023/2024

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

Application For Low Income Home Energy Assistance Program (LIHEAP)

(Application is not complete without applicant signature)

1. _____ 2. _____
 Head of Household Name 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

How did you hear about this program

- Social Media
- Radio
- Public Housing
- Head Start
- Flyers
- Other (explain)

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	Marital Status	Disability Yes / No	Medical Insurance Yes / No	Employment	Income Yes / No	Receive Food Stamps, SSI, Families First Cash Assistance (Indicate Any Receiving)

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

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

Are any household member classified as Veteran or active Military? Yes / No

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.

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 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