

INSTRUCTION SHEET ONLY
DO NOT FILL OUT THIS SHEET

NUMBERS ON THIS INSTRUCTION SHEET MATCH THE NUMBERS ON THE ENERGY ASSISTANCE APPLICATION TO BE COMPLETED.

PART A – Client Data

1. **Last Name:** Enter your last name only.
2. **First Name:** Enter your first name only.
3. **Middle Initial:** Enter your middle initial only.
4. **Social Security#:** Enter your Social Security Number.
5. **DOB (Date of Birth):** Enter the month, day and year of your birth.
6. **Age:** Enter your age at the time of signing the LIHEAP application.
7. **Street Address:** Enter your complete street address – the address you live at.
8. **Mailing Address:** Enter mailing address **IF it is different from street address**, i.e. PO Box where you receive your mail. Be sure to enter correct zip code that matches your PO Box number.
9. **City:** Enter city of your street address.
10. **State:** Enter state of your street address.
11. **Zip Code:** Enter the five digit zip code of your street address.
12. **+4 zip:** Enter the four digits in addition to your regular zip code. If you do not know this then leave it blank.
13. **Phone Number:** Enter your three digit area code and your seven digit home phone number.
IF YOU DO NOT HAVE A PHONE, PLEASE ENTER A CONTACT PHONE NUMBER WHERE YOU MAY BE REACHED AND THAT YOU CONSENT WE MAY LEAVE RETURN MESSAGES FOR YOU.
14. **ER/Alternative No:** **ENTER AN EMERGENCY/ALTERNATIVE CONTACT PHONE NUMBER WHERE YOU MAY BE REACHED AND THAT YOU CONSENT WE MAY LEAVE RETURN MESSAGES FOR YOU.**
15. **County:** Enter the county of your street address.
16. **Housing:** Check (✓) one (1) type of housing you live in. You may only indicate one (1) type of housing. *IF you checked public housing, ATTACH and Enter the amount of OVERAGE ONLY.*

PART B – HOUSEHOLD MEMBERS

- 17-28. **HH and Income:** **Enter information for yourself FIRST, then enter information for each household member.**
 Enter information for each member of the household as follows:
 17. Social Security Number – Enter 10 digit Social Security Number.
 18. Full Name – Enter Full Name, example: First Name, Middle Initial, Last Name
 19. Birthday – enter by month, day and year. Example: 01-30-1919
 20. Age – Enter age at time of completing this application.
 21. Race – Enter race from the underlined following characters:

<u>AS</u> – Asian	<u>NH</u> – Native Hawaiian	<u>PI</u> – Pacific Islander
<u>AA</u> or <u>B</u> – African American (black)	<u>AI</u> – American Indian	<u>AN</u> – Alaskan Native
<u>C</u> or <u>W</u> – Caucasian (white)	<u>H</u> or <u>O</u> – Hispanic/Other	<u>+3</u> – Three or more races
 22. Check (✓) Female or Male.
 23. Check (✓) if Disabled or Handicapped.
DOCUMENTATION IS NOT NEEDED FOR PROOF OF DISABILITY OR HANDICAP.
 24. Check (✓) if family member receives food stamps.
 25. **ENTER THE MONTHLY AMOUNT OF INCOME FOR EACH FAMILY MEMBER.**
!! REQUIRED!! DOCUMENTATION OF ALL HOUSEHOLD INCOME FOR EACH MEMBER MUST BE ATTACHED: e.g. paycheck stubs FROM PREVIOUS OR CURRENT MONTH, SSA or SSI Award Letter within LAST TWELVE (12) MONTHS OF SIGNED APPLICATION
If unsure, call your Local Neighborhood Service Center (NSC) – (phone numbers listed below).
 26. Enter Source of Income for each family member.
 Examples of Income: wages, SSA, SSI, FF (Families First), etc.
 27. Enter Number of Household Members who are infants (under 1 year of age), age 1-2 years old, 3-5 years, 60-69 years, 70 years and older INCLUDING YOURSELF.
 28. **ENTER TOTAL HOUSEHOLD ANNUAL INCOME by adding column 25 Monthly Income Amounts.**

PART C – DISABILITY

- 29. Check (✓) Yes or No if you receive financial assistance for disability.
- 30. Check (✓) Yes or No if you have a signed Medical Statement that requires medical life support equipment.
- 31. Enter your disability.

PART D – ENERGY SOURCE

- 32. Check the energy source that you wish to receive assistance with.

CHECK ONLY ONE ENERGY SOURCE, i.e. electricity, wood, kerosene, natural gas, coal, fuel oil, or LP gas.

ATTACH COPIES OF ACTUAL ELECTRIC BILLS AND DOCUMENTATION FROM ANY OTHER SUPPLIERS SUCH AS COAL, WOOD, OIL, KEROSENE, ETC. (SEE BELOW).

- (1) FOR ELECTRIC AND NATURAL GAS PLEASE SUBMIT COPIES OF THE ACTUAL BILL FOR A ONE (1) MONTH PERIOD DURING THE TWELVE MONTHS IMMEDIATELY PRECEDING THE DATE OF YOUR APPLICATION.
- (2) FOR COAL, FUEL, OIL, KEROSENE OR L.P. GAS AND WOOD INCLUDE ALL DELIVERIES MADE TO YOUR HOME WITHIN THE TWELVE-MONTH PERIOD IMMEDIATELY PRECEDING THE DATE OF YOUR APPLICATION.
- (3) FOR PUBLIC HOUSING TENANTS SUBMIT THE NAME OF YOUR PUBLIC HOUSING AUTHORITY.

You have the responsibility to provide UETHDA with data concerning your home energy costs (see above #32). You are requested to submit this data at the time you submit your application. Your application will not be denied if you fail to provide the data due to this reason alone. However, WITHOUT ENERGY BILL DOCUMENTATION, YOUR POSSIBILITY FOR ASSISTANCE, AS WELL AS YOUR BENEFIT LEVEL, WILL BE ADVERSELY AFFECTED.

ELIGIBILITY DOES NOT MEAN YOU WILL RECEIVE ASSISTANCE.

IF APPROVED FOR ASSISTANCE YOU MUST CONTINUE TO PAY YOUR OWN ENERGY BILL UNTIL YOUR SUPPLIER HAS CREDITED ENERGY ASSISTANCE PAYMENT TO YOUR ACCOUNT.

ELIGIBILITY DOES NOT MEAN YOU WILL RECEIVE ASSISTANCE. LIHEAP IS BASED ON A POINT BASED SYSTEM AND CLIENTS WITH THE HIGHEST POINTS ARE SERVED FIRST - CONTINGENT UPON AVAILABLE FUNDS.

- 33. *Question 33 is for public housing renters only: ATTACH and Enter energy utility overage amount only (for present or past month ONLY).*

PART E - WEATHERIZATION

- 34. Check Yes or No if your home as been weatherized.
Check Yes or NO if you would like to receive your home to be weatherized.

IF YES, SEE ATTACHED WEATHERIZATION FACT SHEET – CONTACT YOUR LOCAL NEIGHBORHOOD SERVICE CENTER (SEE BELOW) FOR FURTHER WEATHERIZATION INQUIRIES.

PART F – VENDOR INFORMATION

- 35. Enter your Energy Supplier – that is the company you wish to the assistance to be applied towards. **ATTACH COPY OF HIGHEST ELECTRIC BILL OR OTHER ENERGY SOURCE – SEE #32.**
- 36. Enter your Billing Account Number that matches your energy supplier in #34.
- 37. Enter the Billing Account NAME the Energy Account is listed as on the bill **IF DIFFERENT FROM YOUR NAME.**

PART G – APS REFERRAL

- 38. Check if you have you been referred to LIHEAP by APS (Adult Protective Service) – Must have documentation – Call your local Neighborhood Service Center for further instructions if you have been referred (see phone numbers below).

PART H – CONSENT SIGNATURE

- 39. READ and **Check “Do” or “Do Not” Agree** to application agreement **AND SIGN** attesting paragraph and application information is true and accurate.

FOR ADDITIONAL INFORMATION OR HELP ON COMPLETING YOUR ENERGY ASSISTANCE APPLICATION PLEASE CONTACT YOUR LOCAL NEIGHBORHOOD SERVICE CENTER (NSC) LISTED BELOW.

Carter County NSC	(423) 542-5121	Sullivan County – Bristol NSC	(423) 968-3951
Greene County NSC	(423) 639-3681	Sullivan County – Kingsport NSC	(423) 247-514
Hancock County NSC	(423) 733-2522	Unicoi County NSC	(423) 743-4103
Hawkins County NSC	(423) 272-2830	Washington County NSC	(423) 928-7327
Johnson County NSC	(423) 727-6633		

A NOTIFICATION LETTER OF APPROVAL OR DENIAL WILL BE MAILED TO YOU WITHIN 90 WORKING DAYS.

YOU MUST CONTINUE TO PAY YOUR OWN ENERGY BILL UNTIL YOUR ENERGY SUPPLIER HAS CREDITED YOUR ACCOUNT.

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