

UPPER EAST TENNESSEE HUMAN DEVELOPMENT AGENCY, INC. [UETHDA, INC.]
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM APPLICATION [LIHEAP]

July 1, 2009 thru June 30, 2010

(PLEASE READ ATTACHED INSTRUCTION SHEET WHILE COMPLETING THIS APPLICATION)
PLEASE RETURN PROMPTLY TO ENSURE TIMELY PROCESSING OF YOUR APPLICATION
YOUR APPLICATION WILL REMAIN ON FILE THRU JUNE 30, 2010

[Part A. Client Data]

1. Last Name 2. First Name 3. Middle Initial 4. Social Security Number 5. Date of Birth 6. Age
7. Street Address 8. MAILING Address if different
9. City 10. State 11. Zip Code 12. +4 zip 13. Phone Number 14. Emergency/Alternative Phone No.
15. County 16. Housing (Check One)
Own Rent Section 8 PUBLIC HOUSING ONLY ATTACH OVERAGE

[Part B. Household Members] (LIST HEAD OF HOUSEHOLD APPLYING FOR ASSISTANCE FIRST)

DOCUMENTATION (PROOF) OF ALL HOUSEHOLD INCOME MUST BE ATTACHED FOR EACH HOUSEHOLD MEMBER'S INCOME (See Instructions)

Table with 10 columns: 17. Social Security Number, 18. Full Name, 19. Date of Birth, 20. Age, 21. Race, 22. Sex, 23. Disabled/handicapped, 24. Food Stamps, 25. INCOME PER MONTH, 26. INCOME SOURCE

27. Number of Household Members who are:
28. TOTAL ANNUAL HOUSEHOLD INCOME: \$

[Part C. Disability]

29. Do you receive regular financial assistance for disability?
30. Do you have a signed Medical Statement that requires medical life support equipment for your household?
31. State your disability

Office Use Only [B.28]: ANNUAL INCOME \$
ACCENT CASE #
DATE: INITIAL:

[Part D. Energy Source] CHECK ONLY ONE ENERGY SOURCE TO INDICATE ASSISTANCE TO BE APPLIED TOWARDS

ATTACH COPY OF HIGHEST ELECTRIC BILL IN PAST TWELVE MONTHS OF THE DATE THE APPLICATION IS SIGNED (OR OTHER ENERGY SOURCE) - SEE INSTRUCTIONS

32. Electricity Natural Gas LP Gas Oil Kerosene Wood Coal
IF APPROVED FOR ASSISTANCE YOU MUST CONTINUE TO PAY YOUR OWN ENERGY BILL UNTIL YOUR SUPPLIER HAS CREDITED ENERGY ASSISTANCE PAYMENT TO YOUR ACCOUNT.

33. Utility Overage (PUBLIC HOUSING ONLY) \$ ATTACH OVERAGE - REFER TO INSTRUCTION SHEET

Office Use Only [D.33]: PUBLIC HOUSING ONLY OVERAGE ONLY: /\$

[Part E. Weatherization]

34. Has your home been weatherized?
Would you like it to be weatherized?
(If yes, call your Neighborhood Service Center in your county for a Weatherization application and appointment - See Attached Weatherization Fact Sheet)

[Part F. Vendor]

35. Energy Supplier
(Name of company you wish to receive your energy assistance)

ATTACH COPY OF HIGHEST ELECTRIC BILL PAST TWELVE MONTHS OF THE DATE THE APPLICATION IS SIGNED (OR OTHER ENERGY SOURCE) - REFER TO INSTRUCTION SHEET.

36. Your Billing Account Number
(Your account number with your energy supplier)

Office Use Only [F]: EB: \$

37. Account Name [If Diff]
(Name on energy supplier account if different from applicant applying for assistance)

38. [Part G. APS Ref.] Have you been referred to LIHEAP by APS (Adult Protection Services) - If so, documentation of proof from APS will be required.

39. [Part H. Consent Signature] I certify to the best of my knowledge that all of the information provided by me is true and correct. I also authorize the verification of any and all information for the purpose of certification and for assistance and I do not agree that the information contained in my application may be shared with other agencies for which I seek additional services. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is liable to prosecution under provisions of the Low Income Home Energy Assistance Program and that I shall be notified of my eligibility status via postal mail within 90 working days of my signed application by the authorized personnel of the local contract agency. I understand I must submit IN WRITING for any information to be released to nonhousehold persons.

Client Signature

Date

For Office Use Only

Program: Energy Assistance (Regular) CRISIS

APS Referral

Public Housing

Amount of ANNUAL Household Income Verified \$

Eligible Denied Denial Date Denial Reason:

Signature of Pre-Certification worker

Date