

**SHELBY COUNTY COMMUNITY SERVICES AGENCY
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

REQUIRED DOCUMENTATION

- SOCIAL SECURITY CARDS FOR EACH HOUSEHOLD MEMBER
- PROOF OF BIRTH FOR CHILD 5 AND UNDER
- VALID GOVERNMENT ISSUED IDENTIFICATION
- PROOF OF VETERAN STATUS
- PROOF OF ALL HOUSEHOLD INCOME FOR THE LAST 2 MONTHS FOR ALL MEMBERS 18 AND OLDER
- COPY OF MOST RECENT UTILITY BILL OR RECEIPT FROM FUEL SOURCE
- MHA TENANT/OWNER NOTIFICATION OF HAP/LEASE CHANGE
- PUBLIC HOUSING HUD 59 FORM

REQUIRED DOCUMENTATION OF INCOME

SOCIAL SECURITY, SSI, PENSION, DISABILITY AND VA BENEFITS

- Current award letter
- Current printout from Social Security Administration Office

TANF/AFDC INCOME

- Current disposition printout from Department of Human Services
- Current letter stating eligibility received by mail

CHILD SUPPORT

- Current printout from Juvenile Court with the gross amount collected monthly
- Out of state child support – legal court document with state seal

UNEMPLOYMENT BENEFITS

- Current printout from State (Claim Summary)

EMPLOYMENT

- Previous or current Check stubs from employer – in dated numerical order
 1. 8 if paid weekly
 2. 4 if paid bi-weekly or semi monthly
 3. 2 if paid monthly
- Current letter verifying gross wages
 1. Must be signed and dated
 2. Must be on 8 ½ x 11 letterhead

ZERO INCOME

- Completed Statement of Support (available upon request)
- Written statement verifying zero income from friend or family member that is not living in the home and has not applied for LIHEAP, must be signed and have a contact number.

SELF EMPLOYED

- Self written statement stating your company name, address and phone number, social security number, expenses related to your business and net income for the last 2 months, with signature
- Most recent Tax Return

SHELBY COUNTY SCHOOL EMPLOYEE

- Statement stating gross amount, hire date, hours worked per week, pay date and if employee is a 9, 10 or 12 month employee
- Current check stubs.

Mail completed application with all required documents to:

Shelby County Community Services Agency
3772 S. Hickory Ridge Mall, Suite 516
Memphis, TN 38115

Application for Low Income Home Energy Assistance Program (LIHEAP)

<i>For Agency Use Only</i>
Date Application Received:
Date Application Completed:

Type of assistance you are applying for:

Energy Assistance | Crisis Assistance

Have you received assistance under LIHEAP program since **January 01, 2019** through **September 30, 2019** any TN LIHEAP Agency?

Yes No If yes, which agency provided assistance? _____

Household Information

Primary Address	City or Town	State	Zip	County
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Head of Household Information

First Name	Middle Initial	Last Name
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Please complete individual information sheets for each household member, including head of household

Address and Contact Detail

Primary Telephone	Secondary Telephone	Email Address (optional)
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Mailing Address (if different from above)	City or Town	State	Zip	County
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Family Detail

Family Type: Single Individual Female Single Parent Male Single Parent Adult(s) w/Child(ren)
 Adult(s) w/out Child Other _____

Home type: Own Rent Section 8 Public Housing

Do you have a signed medical statement that states someone in your household requires life support equipment? Yes No

Items you will need when you submit this application

1. The application, completed in its entirety
2. A household member record for each household member, including head of household
3. An income detail sheet for each household member age 18 or older
4. Social Security Number verification for every individual in the household. Assistance will be denied due to an applicant's refusal to furnish all household members social security numbers and verification.
5. Income documentation (pay stubs, etc.)
6. Annual energy consumption documentation.

Household Member Sheet
Application for LIHEAP Assistance

Head of Household Name: _____

Household Member Information Sheet (please use additional sheets as needed)

Note: Assistance will be denied due to an applicant's refusal to furnish all household members' Social Security Numbers and verification

Number of members in household: _____

First Name	Middle Initial	Last Name
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Gender	Date of Birth	Social Security Number
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Relationship to household: Head of Household Spouse Child Foster Child Grandchild Adult Child Parent
 Grandparent Other Relation Not Related

Race (please select one): White Black/African American Asian American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander Multi-Racial Other _____

Hispanic/Latino? Yes No

Citizenship: U.S. Born/Naturalized Eligible Legal Resident Non-Eligible Legal Resident
 Undocumented Resident

Employment, if over 18 Full Time Part Time Retired Seeking Work Unemployed Not Available

(please select one): Other _____ Not Applicable

Do you have medical insurance? Yes No

Education, if over 18: 0-8th Grade 9-12th Grade High School Grad/GED Non-High School Grad/GED
 12+ Some Post Sec. 2 or 4 Yr. College Grad 4 Yr. College Grad

Disability: None Mental Illness Learning Cognitive Visual Speech Hearing Deaf Breathing
 Orthopedic Other _____

Veteran or Active Military: Yes No

First Name	Middle Initial	Last Name
------------	----------------	-----------

Gender	Date of Birth	Social Security Number
--------	---------------	------------------------

Relationship to household: Head of Household Spouse Child Foster Child Grandchild Adult Child Parent
 Grandparent Other Relation Not Related

Race (please select one): White Black/African American Asian American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander Multi-Racial Other _____

Hispanic/Latino? Yes No

Citizenship: U.S. Born/Naturalized Eligible Legal Resident Non-Eligible Legal Resident
 Undocumented Resident

Employment (if over 18): Full Time Part Time Retired Seeking Work Unemployed Not Available
 Other _____ Not Applicable

Do you have medical insurance? Yes No

Education (if over 18): 0-8th Grade 9-12th Grade High School Grad/GED Non-High School Grad/GED
 12+ Some Post Sec. 2 or 4 Yr. College Grad 4 Yr. College Grad

Disability: None Mental Illness Learning Cognitive Visual Speech Hearing Deaf Breathing
 Orthopedic Other _____

Veteran or Active Military: Yes No

--Please attach income detail sheet(s) per household member 18 years or older--

Application for LIHEAP Assistance

Head of Household Name: _____

Household Member Name: _____

Income Detail Sheet (please attach one sheet per household member, more than one if necessary)

Note: All sources of income must be reported with the exception of employment income for household members under age 18

Income: Is this income current? Yes No

Income Type: Alimony/Child Support Pension Salary/Wages Social Security SSDI SSI TANF/AFDC
 Unemployment No income

Income Period: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Annually

Gross Amount per Income Period: _____

Type of Documentation Provided: _____

Employer Detail

Employer Name	Address	City	State	Zip	Length of Empl.

Income: Is this income current? Yes No

Income Type: Alimony/Child Support Pension Salary/Wages Social Security SSDI SSI TANF/AFDC
 Unemployment No income

Income Period: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Annually

Gross Amount per Income Period: _____

Type of Documentation Provided: _____

Employer Detail

Employer Name	Address	City	State	Zip	Length of Empl.

Income: Is this income current? Yes No

Income Type: Alimony/Child Support Pension Salary/Wages Social Security SSDI SSI TANF/AFDC
 Unemployment No income

Income Period: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Annually

Gross Amount per Income Period: _____

Type of Documentation Provided: _____

Employer Detail

Employer Name	Address	City	State	Zip	Length of Empl.

--Please attach more sheets as necessary to document income--

Note: All sources of income must be reported with the exception of employment income for household members under age 18

Application for LIHEAP Assistance

LIHEAP Application Detail

Head of Household Name: _____

Source(s) of Energy: Wood Electric Fuel Oil Coal Kerosene Natural Gas L.P. Gas

Home Energy Costs:

Public Housing/Section 8 Tenants Only

\$ _____

Amount of Utility "Overage" \$ _____

Utility or Energy company to receive payment:

Utility Company Name: _____

Utility Company Address: _____

Phone: _____

Account #: _____

Additional Utility or Energy company:

Utility Company Name: _____

Utility Company Address: _____

Phone: _____

Account #: _____

Please attach annual energy usage documentation.

I certify that the above account(s) in the name of _____

(last 4 digits of SSN) _____ relationship _____ is for the use of my household and I am responsible for its payments.

Is this account in your landlord's name? Yes No

Has your home ever been served under our Weatherization Assistance Program? Yes No

Are you interested in that program? Yes No

If applying for crisis assistance, please tell us why in the space below:

Has your electric of gas been disconnected? Yes No Have you received a cut off notice? Yes No
If you have received a cut off notice, please attach a copy to this application

Applicant Certification

I certify that all of the information provided by me is true and correct. 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 attest under penalty of perjury that all persons applying for or receiving aid are either a United States citizen or qualified alien as defined by 8 USC § 1641(b), or eligible immigrants. 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.

Applicant signature: _____ 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 denied benefits of, or be otherwise subjected to discrimination in the operation of the LIHEAP program.

To be completed by agency staff only:

Eligible benefit level \$ _____ Total annual gross income for all household members over age 18 \$ _____

Voucher #: _____ Date/Time taken: _____

Date/Time vendor notified: _____ Application Status: Approved Denied

% of poverty: _____ Total points: _____

Signature of agency reviewer official: _____ Date Certified: _____

Shelby County Community Services Agency

Low Income Home Energy Assistance Program (LIHEAP)

Shelby County Government

TITLE VI ACKNOWLEDGEMENT

Assures "Nondiscrimination in Federally Assisted Programs"

"NO PERSON IN THE UNITED STATES SHALL, ON THE GROUNDS OF RACE, COLOR, OR ORIGIN WILL BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY RECEIVING FEDERAL FINANCIAL ASSISTANCE"

Prohibited practices include but are not limited to:

Denying a person any services, financial aid, or other benefits because of race, color, or national origin.

Providing different services or benefits, or providing these in a different manner from those provided to others in the program.

Requiring different standards or conditions as prerequisites for serving individuals.

Locating facilities in any way that would limit or impede access to a federally funded services or benefits.

Failing to make allowances for language or educational difficulties.

Any person(s) or organization(s) believing they have been a victim of discrimination based on race, color, or national origin, may file a complaint with the agency in question or with the Shelby County Title VI Coordinator.

RELEASE OF INFORMATION

This is to confirm that I do hereby give permission to Shelby County Community Services Agency to share and/or secure any information necessary to certify me for the Low Income Home Energy Assistance Program. I understand that this information will only be shared, secured, or verified professionally while protecting my rights to confidentiality. I also do hereby grant Shelby County Community Services Agency permission to secure additional resources on my behalf, if necessary and appropriate. I do request, however, that _____ not be contacted.

GRIEVANCE PROCEDURE

Clients applying for assistance through all programs offered by the Shelby County Community Services Agency have the right to appeal any decision made on their behalf, except when funds have been depleted.

Clients have the right to appeal and request a fair hearing. Client must contact Shelby County Community Services Agency for the proper complaint form. After a decision has been made, a complaint form must be filled out in triplicates and completed within (30) days. The Client, the Agency, and the State will retain a copy of the complaint form.

X _____
Client Signature

X _____
Date



Shelby County Community Services Agency

Permission to Apply Statement

Please complete this form if the Applicant's Utility Services are in someone else's name.

If the person whose name is on the utility bill is currently living, please have them complete the following portion in its entirety.

I, _____, do hereby give _____
(Name of person on Utility Bill) (Applicants Name)

Permission to apply for Utility Assistance at the following address:

(Street Name) (City, State) (Zip Code)

I, _____ do not reside in the same household as _____
(Name of Person on Utility Bill) (Applicant's Name)

My current address is:

(Street Name) (City, State) (Zip Code)

(Signature) (Date) (Contact Number)

If the person whose name is on the Utility bill is deceased: The Applicant must complete the following portion, attach proof of residency and proof of death.

I, _____, do hereby declare that _____
(Applicant's Name) (Name of Person on Utility Bill)

Is deceased and I am financially responsible for the Utility Services at the following address:

(Street Name) (City, State) (Zip Code)

(Signature)

(Date)



Shelby County Government Community Services Agency
Self-Declaration of Zero Income

Date: ____/____/____

I _____ certify that the following household members 18 years or older have zero income:

Name: _____ has zero income as of ____/____/____

Name: _____ has zero income as of ____/____/____

Name: _____ has zero income as of ____/____/____

Name: _____ has zero income as of ____/____/____

Name: _____ has zero income as of ____/____/____

Note:

*All household members claiming zero income, even when someone in the home has income, need to be listed on this form.

I certify that the information above is correct. Falsifying and/or withholding income information is a federal offense and I can be convicted to a fine of \$10,000 or imprisonment for no more than five years or both under the state of Tennessee Laws.

Signature of Applicant: _____

Date: _____