

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

**REQUIRED DOCUMENTATION**

---

- SOCIAL SECURITY CARDS FOR EACH HOUSEHOLD MEMBER
- BIRTH CERTIFICATE FOR CHILDREN 5 YEARS OLD OR YOUNGER
- VALID GOVERNMENT ISSUED IDENTIFICATION
- PROOF OF ALL HOUSEHOLD INCOME FOR THE LAST 30 DAYS FOR **ALL MEMBERS OVER THE AGE OF 18**
- PROOF OF VETERAN STATUS
- COPY OF MOST RECENT UTILITY BILL OR RECEIPT FROM FUEL SOURCE
- MHA TENANT/OWNER NOTIFICATION OF HAP/LEASE CHANGE (D) OR HUD 50059
- PERMISSION TO APPLY STATEMENT (IF UTILITIES ARE NOT IN THE APPLICANT'S NAME)

**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. THE LETTER SHOULD INCLUDE BENEFIT AMOUNT.

**CHILD SUPPORT**

- CURRENT PRINTOUT FROM JUVENILE COURT WITH THE **GROSS AMOUNT COLLECTED** MONTHLY
- CURRENT OUT OF STATE CHILD SUPPORT – LEGAL COURT DOCUMENT WITH STATE SEAL

**UNEMPLOYMENT BENEFITS**

- CURRENT PRINTOUT FROM STATE OF TENNESSEE (CLAIM SUMMARY), INCLUDING STATES OUTSIDE OF TENNESSEE

**EMPLOYMENT**

- CHECK STUBS FROM EMPLOYER – **IN ORDER BY DATE RECEIVED**
  - **LAST 30 DAYS OF PAY**
- CURRENT LETTER VERIFYING GROSS WAGES (PAY RATE, HOURS WORKED PER WEEK, PAY DATE)
  - **MUST BE SIGNED AND DATED**
  - **MUST BE ON 8 ½ X 11 COMPANY LETTERHEAD**

**ZERO INCOME**

- COMPLETE SELF-DECLARATION OF ZERO INCOME FORM-ALL MEMBERS 18 YEARS OF AGE AND OLDER (PROVIDED 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.

**SELF EMPLOYED**

- CURRENT/PRIOR YEAR TAX RETURN
- SELF-EMPLOYMENT FORM (PROVIDED UPON REQUEST)

**SHELBY COUNTY SCHOOL EMPLOYEE**

- STATEMENT STATING GROSS AMOUNT, HIRE DATE, HOURS WORKED PER WEEK, PAY DATE AND RATHER 9, 10 OR 12 MONTH EMPLOYEE **OR** CURRENT CHECK STUB FOR LAST 30 DAYS.

---

**MAIL COMPLETED APPLICATION WITH ALL REQUIRED DOCUMENTS TO:**

SHELBY COUNTY COMMUNITY SERVICES AGENCY  
3772 SOUTH HICKORY RIDGE MALL, SUITE 516  
MEMPHIS, TN 38115; (901) 222-4270

## Application for Low Income Home Energy Assistance Program (LIHEAP)

Type of assistance you are applying for:

Energy Assistance    Crisis Assistance

*For Agency Use Only*

Date Application Received:

Date Application Completed:

Have you received assistance under LIHEAP program since **October 1, 2019** through any TN LIHEAP Agency?    Yes    No

If yes, which agency provided assistance? \_\_\_\_\_

### Household Information

Primary Address	City or Town	State	Zip	County
-----------------	--------------	-------	-----	--------

### Head of Household Information

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

*Please complete individual information sheets for each household member, including head of household*

### Address and Contact Detail

Primary Telephone	Secondary Telephone	Email Address (optional)
-------------------	---------------------	--------------------------

Mailing Address (if different from above)	City or Town	State	Zip	County
---	--------------	-------	-----	--------

### 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. Government issued identification for the head of household.
3. A household member record for each household member, including head of household
4. An income detail sheet for each household member age 18 or older
5. 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.
6. 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
------------	----------------	-----------

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

(please select one):  Other \_\_\_\_\_  Not Applicable

Do you have medical insurance?  Yes  No

Education, if over 18:  0-8<sup>th</sup> Grade  9-12<sup>th</sup> 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):  0-8<sup>th</sup> Grade  9-12<sup>th</sup> 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

Head of Household Name: \_\_\_\_\_

LIHEAP Application Detail

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" \$ \_\_\_\_\_

<b>Utility or Energy company to receive payment:</b>
Utility Company Name:
Utility Company Address:
Phone:
Account #:

<b>Additional Utility or Energy company:</b>
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 or 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: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
% of poverty: _____	Total points: _____	
Signature of agency reviewer official: _____	Date Certified: _____	

## ADDITIONAL HOUSEHOLD MEMBER SHEET

NAME	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX M/F	RACE	HIGHEST GRADE OF SCHOOL COMPLETED	HAS HEALTH INSURANCE	RECEIVES INCOME

NAME OF PERSON WITH DISABILITY: \_\_\_\_\_

DISABILITY:     MENTAL ILLNESS     LEARNING     COGNITIVE     VISUAL     HEARING     BREATHING  
 ORTHOPEDIC     SPEECH     DEAF     OTHER \_\_\_\_\_



# SHELBY COUNTY COMMUNITY SERVICES AGENCY

## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

### 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 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) (Applicant's 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 COMMUNITY SERVICES AGENCY**

**Self-Declaration of Zero Income**

**Application Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I \_\_\_\_\_ certify that the following household members 18  
(Printed Applicant Name)

years or older have zero income:

Name: \_\_\_\_\_ claim zero income within 30 days from the application date listed above.

Name: \_\_\_\_\_ claim zero income within 30 days from the application date listed above.

Name: \_\_\_\_\_ claim zero income within 30 days from the application date listed above.

Name: \_\_\_\_\_ claim zero income within 30 days from the application date listed above.

Name: \_\_\_\_\_ claim zero income within 30 days from the application date listed above.

**Note: All household members self-declaring zero income, even when someone in the home has income, will need to be listed on this form. Current employment separation letters must be attached to this signed 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:** \_\_\_\_\_