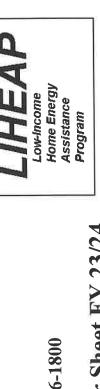
Community Action Agency 150 Lafayette Road Clarksville TN 37042 (931)896-1800





*Have you received assistance under LIHEAP program since October 1, 2023 from any TN LIHEAP Agency? Yes / No (if yes you are not eligible to apply)

YOU MUST INCLUDE ALL REQUESTED DOCUMENTATION:

٠	HOUSEHOLD'S GROSS MONTHLY INCOME (examples below)
	(Must provide current income for all household members)
	Social Security Award letter (SS) 2023

- Retirement statement for 2023 For Zero income-self-declaration of zero income form Supplemental Social Security Award letter (SSI) 2023 Self-employment documentation (call us for details) Child support statement/alimony documents Unemployment statement (claim summary) Employment: (last 4 weeks needed) VA compensation statement 2023 Paid Bi-weekly (2 check stubs) Paid monthly (2 check stubs) Paid weekly (4 check stubs) (available in office)
- *failure to provide social security cards will cause your application to Social Security Cards of ALL household members (copies needed)
- 3. Valid Picture ID of all members 18 years or older
- Past 12 Months Usage Printout Required & Current Utility Bill (Electric, propane, natural gas) 4.
- To Claim Military or Veteran Status acceptable documents required (DD-214 / Military/Veteran ID) v.

*IF ALL DOCUMENTATION REQUIRED IS NOT INCLUDED... YOUR APPLICATION MAY BE DENIED AS BEING INCOMPLETE

This project is funded under an agreement with the State of Tennessee *If you have any questions please call our office 931-896-1800

Clarksville/Montgomery County Community Action Agency P.O. Box 487 - Clarksville, TN 37041, (931) 896-1800

FY 2023/2024

Application For Low Income Home Energy Assistance Program (LIHEAP) (Application is not complete without applicant signature)

1. Head of Household Name	2	Address				City		State	Zip	Code	<u> </u>	Telephone Number
4. Family Type (check one) Some 5. Housing (circle one): ow												More Than One Adult (no children) ocumented Resident
For all household members 18 and older,				_								
	6. List All Informa	tion On <u>All</u> Membe	rs O	f The	Househ	old Startir	ng With Y	ourself (A	ttach Additio	nal Sheet If Ne	cessary)	
	Social Security No.								Medical			Receive Food Stamps,
Household Members	(Documentation Must Be Provided)	Birthdate	Race	Sex	Education Level	Relation To Applicant	Marital Status	Disability Yes / No	Insurance Yes / No	Employment	Income Yes / No	SSI, Families First Cash Assistance (Indicate Any Receiving)
								-				
								-				
						-						
7. Does Your Household Receive Regular	r Financial Assistance For Disability?	Yes / No					12. Enera	v Source (s)	: Electric	ity, Natural	Gas, Coal,	Kerosene, Propane, Wood
B. Name of Household member and Pleas	-						_			-		Overage" \$
Does Household member have a signe							13. Name	of Energy Pr	ovider:			
10, Has Your Residence Been Served Un	der The Weatherization Assistance	Program? Yes / No					14. Utility	Account Nun	nber:			
11, If No, Are You Interested In Applying F	For That Program? Yes / No						I certify th	hat the abov	e account(s) in the nai	ne of	
Are any household member classif	fied as Veteran or active Military	? Yes / No					IS FOR THE	USE OF MY H	OUSEHOLD A	ND I AM RESF	ONSIBLE FO	R ITS PAYMENTS
I certify that all of the information provided material fact or who knowingly gives false to determine my eligibility, and acknowled determination of your eligibility for LIHEAF administration of the program (LIHEAP). I requested by the LIHEAP administering a	einformation for the receipt of LIHEAP dge I have been informed of the appea and for the provision of services from am the customer of record, the custom	assistance is liable upon cor I process under provisions of In the program will be conside mer's authorized agent, or ar	nviction f the Lorered core author	to a fin w Incon ifidentia ized thi	e of \$10,000 one Energy Ass al, unless other rd party for the	r imprisonmen istance Progra rwise authorize a utility service	t for not more m. I understa d or required account ident	than five years nd that I will be by law, will not ified in this appl	or both, I auth notified in writi be shared with ication, and I a	norize the verific ng of my eligibi any other pers authorize my uti	cation of any a lity status, Ide ons or agenci	and all information provided herein ntifying information provided by you for es except for purposes directly related to th
No person on the basis of race, color n		icant's Signature										
or be otherwise subjected to discrimina			., or di	., ouie	. Unarauterist	, og protected	., , caerai, c	0, 20001	20 0/10/00	, e partio		
For Agency Use Only:												
Home End	ergy Cost	Total Gross Annual Ir	ncome)	Eligi	ble Benefit	Level	Certification	on Worker	Signature		Date Certified

How did you hear about this program
Social Media
Radio
Public Housing
Head Start
Flyers
Other (explain)