

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



Cover Sheet FY 24/25

***Have you received assistance under LIHEAP program since October 1, 2024 from any TN LIHEAP Agency? Yes / No (if yes you are not eligible to apply)**

YOU MUST INCLUDE ALL REQUESTED DOCUMENTATION:

- 1. HOUSEHOLD'S GROSS MONTHLY INCOME (examples below)**
(Must provide **current** income for all household members)

_____ Social Security Award letter (SS) 2024
_____ Supplemental Social Security Award letter (SSI) 2024
_____ Employment: (last 4 weeks required)
_____ Paid Bi-weekly (2 check stubs)
_____ Paid weekly (4 check stubs)
_____ Paid monthly (2 check stubs)
_____ Child support statement/Alimony documents/Adoption payments
_____ Self-employment documentation (call us for details)
_____ Unemployment statement (claim summary)
_____ VA compensation statement 2024
_____ Retirement/Pension statement for 2024
_____ For Zero income-self-declaration of zero income form
(Available in office)

- 2. Social Security Cards of ALL household members (copies needed)**
***failure to provide social security cards will cause your application to be denied**
- 3. Valid Government issued ID of all members 18 years or older**
- 4. Past 12 Months Usage Printout Required (Must Contact Utility Co.)**
- 5. Current Utility Bill**
(Electric, propane, natural gas)
- 6. To Claim Military or Veteran Status acceptable documents required (DD-214 / Military/Veteran ID)**

***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 **FY 2024/2025**
P.O. Box 487 - Clarksville, TN 37041, (931) 896-1800
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 _____ Telephone Number _____

3. Family Type (check one) Single Parent Female _____ Single Parent Male _____ 2 Parent Household _____ Single Person Female (no children) _____ Single Person Male (no children) _____ More Than One Adult (no children) _____

4. Housing (circle one): own, rent, Section 8, public housing. Citizenship: Us Born / Naturalized _____ Eligible Legal Resident _____ Non-Eligible Resident _____ Undocumented Resident _____

For all household members 18 and older, including yourself, report total income from all sources (documentation must be attached)

6. List All Information On All Members Of The Household Starting With Yourself (attach Additional Sheet if Necessary)

Household Members	Social Security No.	Documentation Must Be Provided)	Birthdate	Race	Sex	Education Level	Relation To Applicant	Marital Status	Medical		Income Yes / No	SSI, Families First Cash Assistance (Indicate Any Receiving)
									Disability Yes / No	Insurance Yes / No		

7. Does Your Household Receive Regular Financial Assistance For Disability? Yes / No _____

8. Name of Household member and Please State the Disability: _____

9. Does household member Have a signed medical statement for life support equipment? Yes / No _____

10. Has Your Residence Been Served Under The Weatherization Assistance Program? Yes / No _____

11. If No, Are You Interested In Applying For That Program? Yes / No _____

12. Energy Source (s): Electricity, Natural Gas, Coal, Kerosene, Propane, Wood
Public Housing/Section 8 Tenants Only Amount of "Overage" \$ _____

13. Name of Energy Provider: _____

14. Utility Account Number: _____

I certify that the above account(s) in the name of _____
IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS

Are any household member classified as Veteran or active Military? Yes / No

I certify that all of the information provided by me is true and correct. I attest under penalty of perjury that the applicant is either a United States Citizen or a qualified alien as defined by 8 U.S.C. § 1641(b). 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 Energy Assistance Program. 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.

15. Applicant's Signature _____ 16. 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 otherwise subjected to discrimination in the operation of the LIHEAP program.

For Agency Use Only:

Home Energy Cost _____	Total Gross Annual Income _____	Eligible Benefit Level _____	Certification Worker Signature _____	Date Certified _____
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How did you hear about this program

Social Media

Radio

Public Housing

Head Start

Flyers

Other (explain) _____