

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) 2025
- \_\_\_\_\_ Supplemental Social Security Award letter (SSI) 2025
- \_\_\_\_\_ 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 2025
- \_\_\_\_\_ Retirement/Pension statement for 2025
- \_\_\_\_\_ 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**

P.O. Box 487 - Clarksville, TN 37041, (931) 896-1800

**FY 2024/2025**

**Application For Low Income Home Energy Assistance Program (LIHEAP)**

(Application must be filled out completely to include the applicant signature)

How did you hear about this program?

- Social Media  
 Radio  
 Public Housing  
 Head Start  
 Flyers  
 Other (explain)

1. Head of Household Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

2. \_\_\_\_\_

4. 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) \_\_\_\_\_

5. Housing (circle one): Own, Rent, Section 8, Public Housing \_\_\_\_\_ Citizenship (check one): 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 for the past 30 days (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	Disability	Medical Insurance	Type of Medical Insurance	Employment	Income	Please indicate below if receiving Food Stamps, SSI, or Families First Cash Assistance
-	-							Y	N	Y	N	Y	N
-	-							Y	N	Y	N	Y	N
-	-							Y	N	Y	N	Y	N
-	-							Y	N	Y	N	Y	N
-	-							Y	N	Y	N	Y	N
-	-							Y	N	Y	N	Y	N

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. Circle ONLY the source of energy you want assistance with:  
 Electricity, Natural Gas, Coal, Kerosene, Propane, Wood  
 If the account is in the name of Public Housing/Section 8 please list 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
_____	_____	_____	_____	_____