



LIHEAP Application Instructions

- **CONTINUE TO PAY YOUR ENERGY BILLS** after submitting this application to avoid disconnection.
- If you still have a credit on your account from our energy assistance program, please do not apply until it is all gone.
- Complete all pages of the application, do not leave any area blank, and **BE SURE TO SIGN IT!**
- *Note:* Applications that are not signed or that are missing required documentation will result in an incomplete application. You will receive a letter about your application if it is incomplete. Required documentation must be returned within 15 business days to avoid your application being denied.

WE WILL NEED COPIES OF THE FOLLOWING ITEMS IN ORDER TO PROCESS YOUR APPLICATION:

- Valid, government-issued ID for the household member who signs the application. *Options:* license, state or federal ID, passport, military ID, birth certificate, and voter's registration card.
- Social security cards for **everyone** in the household, unless the member is under one (1) year of age, in which case a copy of the birth certificate may be substituted.
- Proof of veteran or active military status. (VA ID card, DD214, etc.)
- Proof of **gross income** for everyone in the household over the age of 18 for the last 30 days: SSA/SSDI/SSI award letters, retirement/pensions, paystubs, child support, families first, alimony, unemployment income. For self-employment: acceptable proof could be a statement, current/prior year tax return, well-maintained documents, or a completed Self-Employment Form (available at CAC).
- The household member who signs the application must list all members 18 years and older in the household who have no income on the Zero Income Statement provided with the application.
Be sure to sign it!
- You must provide a current bill and a printout from your energy provider(s) that shows your usage for the last 12 months, or however long you have lived at your current address.
- List the name of the energy provider for which you want to receive help under "1st Choice" on the first page of your application.** (Electric, natural gas, propane, kerosene, wood, oil, or coal).
- If your electric bill is in the name of someone that is NOT THE APPLICANT then the name of the person, their relationship to the APPLICANT and the last four digits of that person's social security number MUST be listed where asked on the application. Failure to provide this information could result in a denied application.

Please bring or mail copies of all documentation. **Please do not turn in your application if you do not have all the required documents.** We cannot return originals. You can visit us in Knoxville at 2247 Western Avenue, or, mail your completed application and required documentation to:

Knoxville-Knox County Community Action Committee
Energy & Community Services/LIHEAP
PO Box 51650
Knoxville, TN 37950-1650



**Application for Low-Income
Home Energy Assistance Program**
For Knox County Residents Only
Effective October 1, 2024



Agency Use Only	
Date Received:	
Received By:	Crisis Assistance <input type="checkbox"/>

Applicant Information (Household Member #1)

First Name		Middle Name or Initial		Last Name	
Service Address		City or Town		State	Zip County
Mailing Address (if different than above)		City or Town		State	Zip County
Telephone Number		Secondary Telephone Number		Email Address (optional)	
Family Type <input type="checkbox"/> Single Individual <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Adult(s) with Child(ren) <input type="checkbox"/> Two Adult(s) without Child(ren)		<input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Multi-generational Household <input type="checkbox"/> Other: _____		Home Type <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Perm. Housing <input type="checkbox"/> Section 8/Public Housing <input type="checkbox"/> Other: _____	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of Birth		Social Security Number	
Hispanic/Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes		Race (please select one) <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____	
Citizenship: <input type="checkbox"/> U.S. Born/Naturalized <input type="checkbox"/> Eligible Immigrant <input type="checkbox"/> Non-Citizen		Veteran or Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No Military History		Do You Have a Disability? <input type="checkbox"/> No <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Orthopedic <input type="checkbox"/> Speech <input type="checkbox"/> Other	
Education, if Over 18 <input type="checkbox"/> K-8 th Non-Grad <input type="checkbox"/> 9-12 th Non-Grad <input type="checkbox"/> High-School Grad <input type="checkbox"/> GED/HISET Grad		<input type="checkbox"/> Some College <input type="checkbox"/> 2- or 4-Year College Grad <input type="checkbox"/> Master's Degree or Higher		Does Anyone in Your Household Receive: <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher	
Employment, if Over 18 <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired Length of Employment: _____		Source(s) of Income: <input type="checkbox"/> Employment/Wages <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> No Income		<input type="checkbox"/> Pension <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> TANF/Families First <input type="checkbox"/> VA Benefits	
How Are You Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Other		Health Insurance? <input type="checkbox"/> No <input type="checkbox"/> Direct Purchase		<input type="checkbox"/> Medicare <input type="checkbox"/> TennCare/Medicaid <input type="checkbox"/> Military <input type="checkbox"/> Other	

Energy Account Information	
1st Choice* - Energy Supplier to Receive Payment: _____ Name on Account: _____ Relationship to Acct Holder : _____ Acct Holder last 4 digits SSN: _____ Acct Number: _____	Energy Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Firewood <input type="checkbox"/> Propane <input type="checkbox"/> Kerosene <input type="checkbox"/> Oil <input type="checkbox"/> Coal
2nd Choice - Energy Supplier to Receive Payment: _____ Name on Account: _____ Relationship to Acct Holder : _____ Acct Holder last 4 digits SSN: _____ Acct Number: _____	Energy Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Firewood <input type="checkbox"/> Propane <input type="checkbox"/> Kerosene <input type="checkbox"/> Oil <input type="checkbox"/> Coal
*If your 1st Choice is not your electric supplier, who supplies your electricity? <input type="checkbox"/> I certify that the above account(s) is for the use of my household and that I am responsible for its payments.	

Has your home ever been served by the Weatherization Program? No Yes
 Are you interested in the Weatherization Program? No Yes

Tell us about the people who live with you on the back of this page. Use additional sheets as needed to report everyone in your household.

Note: LIHEAP Assistance may be denied if applicant does not provide all household members' Social Security numbers and other required documentation. 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.

Number of members in household (including Applicant): _____

Applicant Name: _____

Household Member #2

First Name		Middle Name or Initial		Last Name	
Relationship to Applicant					
<input type="checkbox"/> Child		<input type="checkbox"/> Grandchild		<input type="checkbox"/> Not Related	
<input type="checkbox"/> Spouse		<input type="checkbox"/> Adult Child		<input type="checkbox"/> Grandparent	
<input type="checkbox"/> Partner		<input type="checkbox"/> Foster Child		<input type="checkbox"/> Parent	
<input type="checkbox"/> Other: _____					
Gender			Date of Birth		Social Security Number
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other					
Hispanic/Latino?		Race (please select one)			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Multi-Racial
		<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian		<input type="checkbox"/> Other: _____
Citizenship:		Veteran or Active Military		Do They Have a Disability?	
<input type="checkbox"/> U.S. Born/Naturalized <input type="checkbox"/> Non-Citizen		<input type="checkbox"/> Veteran <input type="checkbox"/> No Military History		<input type="checkbox"/> No <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Speech	
<input type="checkbox"/> Eligible Immigrant		<input type="checkbox"/> Active Military		<input type="checkbox"/> Learning <input type="checkbox"/> Orthopedic <input type="checkbox"/> Other	
Education, if Over 18					
<input type="checkbox"/> K-8 th Non-Grad		<input type="checkbox"/> High-School Grad		<input type="checkbox"/> Some College	
<input type="checkbox"/> 9-12 th Non-Grad		<input type="checkbox"/> GED/HISET Grad		<input type="checkbox"/> 2- or 4-Year College Grad	
<input type="checkbox"/> Master's Degree or Higher					
Employment, if Over 18			Source(s) of Income:		
<input type="checkbox"/> Self-Employed			<input type="checkbox"/> Pension		
<input type="checkbox"/> Full Time			<input type="checkbox"/> Employment/Wages		
<input type="checkbox"/> Part Time			<input type="checkbox"/> SSI		
<input type="checkbox"/> Retired			<input type="checkbox"/> SSDI		
Length of Employment: _____			<input type="checkbox"/> No Income		
			<input type="checkbox"/> Social Security		
			<input type="checkbox"/> VA Benefits		
How Are They Paid?			Health Insurance?		
<input type="checkbox"/> Weekly			<input type="checkbox"/> No <input type="checkbox"/> Employment Based		
<input type="checkbox"/> Twice a Month			<input type="checkbox"/> Medicare		
<input type="checkbox"/> Other			<input type="checkbox"/> Military		
<input type="checkbox"/> Every Two Weeks			<input type="checkbox"/> Direct Purchase		
			<input type="checkbox"/> TennCare/Medicaid		
			<input type="checkbox"/> Other		

Household Member #3

First Name		Middle Name or Initial		Last Name	
Relationship to Applicant					
<input type="checkbox"/> Child		<input type="checkbox"/> Grandchild		<input type="checkbox"/> Not Related	
<input type="checkbox"/> Spouse		<input type="checkbox"/> Adult Child		<input type="checkbox"/> Grandparent	
<input type="checkbox"/> Partner		<input type="checkbox"/> Foster Child		<input type="checkbox"/> Parent	
<input type="checkbox"/> Other: _____					
Gender			Date of Birth		Social Security Number
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other					
Hispanic/Latino?		Race (please select one)			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Multi-Racial
		<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian		<input type="checkbox"/> Other: _____
Citizenship:		Veteran or Active Military		Do They Have a Disability?	
<input type="checkbox"/> U.S. Born/Naturalized <input type="checkbox"/> Non-Citizen		<input type="checkbox"/> Veteran <input type="checkbox"/> No Military History		<input type="checkbox"/> No <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Speech	
<input type="checkbox"/> Eligible Immigrant		<input type="checkbox"/> Active Military		<input type="checkbox"/> Learning <input type="checkbox"/> Orthopedic <input type="checkbox"/> Other	
Education, if Over 18					
<input type="checkbox"/> K-8 th Non-Grad		<input type="checkbox"/> High-School Grad		<input type="checkbox"/> Some College	
<input type="checkbox"/> 9-12 th Non-Grad		<input type="checkbox"/> GED/HISET Grad		<input type="checkbox"/> 2- or 4-Year College Grad	
<input type="checkbox"/> Master's Degree or Higher					
Employment, if Over 18			Source(s) of Income:		
<input type="checkbox"/> Self-Employed			<input type="checkbox"/> Pension		
<input type="checkbox"/> Full Time			<input type="checkbox"/> Employment/Wages		
<input type="checkbox"/> Part Time			<input type="checkbox"/> SSI		
<input type="checkbox"/> Retired			<input type="checkbox"/> SSDI		
Length of Employment: _____			<input type="checkbox"/> No Income		
			<input type="checkbox"/> Social Security		
			<input type="checkbox"/> VA Benefits		
How Are They Paid?			Health Insurance?		
<input type="checkbox"/> Weekly			<input type="checkbox"/> No <input type="checkbox"/> Employment Based		
<input type="checkbox"/> Twice a Month			<input type="checkbox"/> Medicare		
<input type="checkbox"/> Other			<input type="checkbox"/> Military		
<input type="checkbox"/> Every Two Weeks			<input type="checkbox"/> Direct Purchase		
			<input type="checkbox"/> TennCare/Medicaid		
			<input type="checkbox"/> Other		

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 all information provided herein to determine my eligibility and acknowledge that 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 U.S.C. 1641 (b), or eligible immigrants. I understand that I will be notified in writing of my eligibility status. 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, and will not be shared with any other persons or agencies except for the purposes directly related to the administration of the program (LIHEAP) and for data reporting. I declare that 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 I DO NOT agree that the information contained in my application may be shared with other agencies and/or programs from which I seek additional services.

Applicant Signature: _____ Date: _____

AGENCY USE ONLY: Application Approved Denied Agency Reviewer _____

SELF-DECLARE ZERO INCOME

(To be completed by the adult head of household)

Purpose: After all avenues of documenting zero income are exhausted, a signed Self-Declaration of Zero Income is permissible to use. The Applicant must fill out and sign the Self-Declaration of Zero Income form listing all household members declaring zero income.

Applicant Name: _____

Primary Address: _____

I do hereby certify members listed in this form **do not** receive income from the following resources:

- Wages, commissions, salaries, tips before any deductions
- Net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses)
- Regular payments from social security, TANF, railroad retirement, unemployment compensation, strike benefits from union funds, workers compensation, veteran's payments, training stipends, alimony, child support, regular adoption assistance, and military family allotments or money received from an absent family member or someone not living in the household
- Irregular income - a household member, whose irregular income is the result of occasional work such as mowing lawns, childcare, donating plasma, collecting cans/bottles, or a household income is from an informal child support agreement or cash gifts for the past thirty (30) days
- Regular insurance or annuity payments
- Net income from Social Security, pensions (private and government, including military retirement pay) and VA benefits. Excludes Medicare premiums, overpayment recovery, or garnishment payments
- Net college or university scholarships, grants, fellowships or assistantships
- Dividends and/or interest - Interest only to be counted if over \$200.00 per year and is withdrawn
- Net rental income and net royalties
- Periodic receipts from estates or trusts
- Net gambling or lottery winnings
- Black Lung benefits will be considered income except for the first \$20 of each monthly benefit.

Note: Please list below all household members eighteen (18) years and older self-declaring zero income.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

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: _____

Knoxville-Knox County Community Action Committee
Customer Grievance Procedure

CAC is a public agency serving the poor and disadvantaged people of our community through the operation of federal, state, and locally funded programs. CAC's goal is to provide as many effective programs and as much assistance as possible to the disadvantaged of our community. A dedicated staff strives to plan and implement programs aimed at meeting the short-term and emergency needs of the poor as well as developing their eventual self-sufficiency and economic independence.

Any customer who feels he/she has been discriminated against, treated unfairly, or who disagrees with the application of a policy to him/her as a program participant, may file a grievance and has a right to a fair hearing. Complaints and grievances shall be given prompt and fair consideration according to the procedures outlined below. No adverse action will be taken against any individual for participating in the grievance procedure, either as a complainant, a representative, or a witness.

Unless another procedure is set forth for a specific program, the following mechanism shall be used for the processing of client complaints, and grievances:

Any customer having a complaint or grievance shall first inform the staff person serving him/her and their program manager. The program manager will speak with the client on an informal basis, review the complaint, and attempt to adjust the matter satisfactorily. The program manager's contact information is:

Amie Whitworth
Knoxville-Knox County CAC
Ross Building
Phone: 865-546-3500
amie.whitworth@knoxcac.org

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis: Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief.

Any customer who feels he/she has been discriminated against and whose complaint has not been resolved at the program level should contact the CAC Title VI Coordinator (Personnel Director) or the CAC Executive Director at the Ross Building/2247 Western Avenue; mailing address: CAC/P.O. Box 51650 / Knoxville, TN 37950-1650; or by telephone: 865-546-3500.