

60% of the State Median Income

GUIDELINES

UTILITY ASSISTANCE Income Qualification Chart

To qualify for assistance, the monthly household income for your family size must be at or below the amount listed in the chart.

Family Size	Annually	Monthly
1	\$28,141	\$2,345.08
2	\$36,800	\$3,066.67
3	\$45,459	\$3,788.25
4	\$54,118	\$4,509.83
5	\$62,776	\$5,231.33
6	\$71,435	\$5,952.92
7	\$80,094	\$6,674.50
8	\$88,753	\$7,396.08
*For Each Additional Person, Add:	\$8,659	\$721.58

Low Income Home Energy Assistance Program (LIHEAP)

Required Documentation

- Social Security Cards for All Household Members—Unless the Member Is Under One (1) Year of Age, Then a Birth Certificate Can Be Submitted
- Copy of Valid, State-Issued Photo ID of the Applicant
- 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

Required Income Documentation

Employment

- Please Provide Your Most Recent Pay Stub That Shows Your Full Name and Your Annual Gross Income
- If Your Pay Stub Does Not Show Annual Gross Income, Please Provide the Following:
 - ✓ Weekly Pay: Four (4) Most Recent, Consecutive Pay Stubs
 - ✓ Bi-Weekly Pay: Two (2) Most Recent, Consecutive Pay Stubs
 - ✓ Monthly Pay: One (1) Most Recent, Consecutive Pay Stub

Social Security, SSI, Pension, Disability and VA Benefits

- Current Award Letter OR
- Current Printout from Social Security Administration Office

TANF/AFDC Income

- Current Printout from Department of Human Services OR
- 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 OR
- Current Out of State Child Support – Legal Court Document with State Seal

Unemployment Benefits

- Provide Documentation of Your Maximum Benefit Letter

Self-Employed

- Current/Prior Year Tax Return OR
- Self-Employment Form

No Income

- Complete Self-Declaration of Zero Income Form – All Household Members 18 Years of Age and Older

Application for Low Income Home Energy Assistance Program (LIHEAP)*For Agency Use Only*

Date Application Received:

Date Application Completed:

Type of assistance you are applying for:

 Energy Assistance Crisis AssistanceHave you received assistance under LIHEAP program since **October 1, 2023** through any TN LIHEAP Agency? Yes No
If yes, which agency provided assistance? _____**Household Information**

Primary Address	City or Town	State	Zip	County
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Head of Household Information

First Name	Middle Initial	Last Name
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*Please complete individual information sheets for each household member, including head of household***Address and Contact Detail**

Primary Telephone	Secondary Telephone	Email Address (optional)
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Mailing Address (if different from above)	City or Town	State	Zip	County
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Family DetailFamily Type: Single Individual Female Single Parent Male Single Parent Adult(s) w/Child(ren)
 Adults(s) w/out Child Other _____Home Type: Own Rent Section 8 Public HousingDo 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 aged 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.)
7. 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 (please select one): Full Time Part Time Retired Seeking Work Unemployed Not Available
 Other _____ Not Applicable

Do you have medical insurance? Yes No

Education, if over 18: 0-8th Grade. 9-12th 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
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 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 sheets(s) per household member 18 years or older–

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 NoIncome Type: Alimony/Child Support Pension Salary/Wages Social Security SSDI SSI TANF/AFDC
 Unemployment No IncomeIncome 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 NoIncome Type: Alimony/Child Support Pension Salary/Wages Social Security SSDI SSI TANF/AFDC
 Unemployment No IncomeIncome Period: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Annually

Gross Amount per Income Period:

Type of Documentation Provided:

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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" \$ _____

Utility or Energy company to receive payment:
Utility Company Name:
Utility Company Address:
Phone:
Account #:

Additional Utility or Energy company:
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 the account in your landlord's name? Yes No

Has your home ever been served under our Weatherization 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 U.S.C. 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 the 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: Approved Denied

% of poverty: _____

Total Points: _____

Signature of agency reviewer official: _____

Date Certified: _____

**Low Income Household Water Assistance Program (LIHWAP)
Application Addendum for Water Assistance**

Applicant Name: _____ Phone: _____

Address: _____ City: _____ State: TN Zip: _____

The undersigned applicant is applying for assistance, for their water or water related services, through the Low Income Household Water Assistance Program (LIHWAP) and acknowledges they must meet one of the following priority groups to apply for assistance:

- Priority 1:** Households with disconnected water services or a pending disconnection notice.
- Priority 2:** Households who are behind on paying their water services and are at risk of receiving a disconnection notice.
- Priority 3:** Households who are seeking help with their current water bill without a past due balance. These households are not behind on their bills, but are struggling to maintain their expenses due to uncontrollable circumstances.

Additionally, I hereby acknowledge and agree to (check one) the following statements:

- I was previously approved for Low Income Home Energy Assistance Program (LIHEAP) assistance.
- I am applying for LIHEAP and LIHWAP assistance.
- I am applying for LIHWAP assistance ONLY.

****THIS FORM MUST BE ATTACHED TO A LIHEAP APPLICATION TO BE CONSIDERED COMPLIANT FOR LIHWAP**

I certify that I am the responsible party, as the tenant or owner of the property, reflected on my water bill statement and I am responsible for its payments.

I understand that I must meet the eligibility requirements for the LIHEAP assistance to qualify for the LIHWAP program, regardless of my intent to access the LIHEAP. I may be required to provide supporting documentation to confirm my eligibility, as deemed appropriate or necessary by the LIHWAP administrating agency.

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 LIHWAP 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 Water 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 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 LIHWAP administering agency. I do _____ or I 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 _____

Utility Company: _____

Name on account: _____

Account number: _____



SELF-DECLARATION OF ZERO INCOME

(To be completed by the applicant)

Purpose: Only after all avenues of documenting zero income have been exhausted, a signed Self-Declaration of Zero Income is permissible to use. The Applicant must fill out and sign this form in its entirety, listing all adult household members declaring zero income within the last 30 days.

Applicant Name: _____

Primary Address: _____

I do hereby certify members listed on this form ***have not*** received income from the following resources within the last 30 days:

- Wages, 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 regular support from an absent family member or someone not living in the household
- Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments
- Net college or university scholarships, grants, fellowships or assistantships
- Dividends and/or interest
- Net rental income and net royalties
- Periodic receipts from estates or trusts; and
- 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 an older self-declaring zero income.

Name: _____

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: _____

SELF-EMPLOYMENT INCOME FORM

Applicant Name: _____

Business Type: _____

How often income is received:

- Weekly
- Bi-Weekly
- Semi-Monthly
- Monthly

This self-employment income is for the period of _____ through _____.

Have you filed taxes this current year? (circle one) Yes No* If Yes, a copy of your completed return is required

*Did you file taxes last year? Yes** No

**If you did not file taxes this current year but you did file last year, please provide copy of last year's tax return.

Date Received	Form (Cash, check#, Money order#)	Amount	Business Expenses (type of expense and amount)	Net Income

I, _____, certify that this is a true and accurate record of my self-employment income within the past 30 days.

Applicant Signature

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:

Misty Goodwin
Knoxville-Knox County CAC
Ross Building
Phone: 865-546-3500
misty.goodwin@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.