If your household income is at or below the annual and monthly income level you may qualify. These numbers are based on the number of people living in your home (household size) and 126% Federal Poverty Guidelines (w/ 60%SMI Max) of the Federal Poverty Level Guidelines (Maximum Income Level).

### Utility Assistance

**Per Household**

*(Effective October 2020)*

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Annually</th>
<th>Monthly</th>
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<tr>
<td>1</td>
<td>$23,852.00</td>
<td>$1,987.67</td>
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<tr>
<td>2</td>
<td>$31,191.00</td>
<td>$2,599.16</td>
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<tr>
<td>3</td>
<td>$38,530.00</td>
<td>$3,210.83</td>
</tr>
<tr>
<td>4</td>
<td>$45,869.00</td>
<td>$3,822.41</td>
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<tr>
<td>5</td>
<td>$53,208.00</td>
<td>$4,434.00</td>
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<tr>
<td>6</td>
<td>$60,547.00</td>
<td>$5,045.58</td>
</tr>
<tr>
<td>7</td>
<td>$67,886.00</td>
<td>$5,657.16</td>
</tr>
<tr>
<td>8</td>
<td>$75,225.00</td>
<td>$6,268.75</td>
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</table>

*For Each Additional Person Add:*

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<th>Annually</th>
<th>Monthly</th>
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<tbody>
<tr>
<td>*</td>
<td>$7,339.00</td>
<td>$611.58</td>
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</table>
# Shelby County Community Services Agency

## Low Income Home Energy Assistance Program (LIHEAP)

### Required Documentation

- **Social Security Cards for Each Household Member**
- **Birth Certificate for Children 5 Years Old or Younger**
- **Valid Government Issued Identification**
- **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 or Receipt from Fuel Source**
- **MHA Tenant/Owner Notification of HAP/Lease Change (D) or HUD 50059 Permission to Apply Statement (If Utilities are Not in the Applicant’s Name)**
- **LIHEAP Earned Income Verification**

### Required Documentation of Income

#### Social Security, SSI, Pension, Disability and VA Benefits
- **Current Award Letter**
- **Current Printout from Social Security Administration Office**

#### TANF/AFDC Income
- **Current Disposition Printout from Department of Human Services**
- **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**
- **Current Out of State Child Support — Legal Court Document With State Seal**

#### Unemployment Benefits
- **Current Printout from State of Tennessee (Claim Summary), Including States Outside of Tennessee**

#### Employment
- **Check Stubs from Employer — In Order by Date Received**
  - **Last 30 Days of Pay**
- **Current letter verifying gross wages (Pay Rate, Hours Worked Per Week, Pay Date)**
  - **Must be signed and dated**
  - **Must be on 8 ½ x 11 company letterhead**

#### Zero Income
- **Complete self-declaration of zero income form—all members 18 years of age and older (provided upon request)**
- **Written Statement Verifying Zero Income from Friend or Family Member That Is Not Living in the Home and Has Not Applied for LIHEAP.**

#### Self Employed
- **Current/Prior Year Tax Return**
- **Self-Employment Form (Provided Upon Request)**

#### Shelby County School Employee
- **Statement Stating Gross Amount, Hire Date, Hours Worked Per Week, Pay Date and Rather 9, 10 or 12 Month Employee or Current Check Stub for Last 30 Days.**

---

Revised: 9/19/19

Email completed applications to LIHEAP@ShelbyCountyTN.gov or mail application to 3772 S. Hickory Ridge Mall Suite 516, Memphis, TN 38115
Application for Low Income Home Energy Assistance Program (LIHEAP)

Type of assistance you are applying for:

☐ Energy Assistance  ☐ Crisis Assistance

Have you received assistance under LIHEAP program since October 1, 2020 through any TN LIHEAP Agency?  ☐ Yes  ☐ No

If yes, which agency provided assistance?  ____________________________________________________________

Household Information

<table>
<thead>
<tr>
<th>Primary Address</th>
<th>City or Town</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

Head of Household Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
</tr>
</thead>
</table>

Please complete individual information sheets for each household member, including head of household

Address and Contact Detail

<table>
<thead>
<tr>
<th>Primary Telephone</th>
<th>Secondary Telephone</th>
<th>Email Address (optional)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different from above)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

Family Detail

<table>
<thead>
<tr>
<th>Family Type:</th>
<th>☐ Single Individual</th>
<th>☐ Female Single Parent</th>
<th>☐ Male Single Parent</th>
<th>☐ Adult(s) w/Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Adult(s) w/out Child</td>
<td>☐ Other</td>
<td>____________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home type:</th>
<th>☐ Own</th>
<th>☐ Rent</th>
<th>☐ Section 8</th>
<th>☐ Public Housing</th>
</tr>
</thead>
</table>

Do 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 age 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: ____________________

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
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<tr>
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</tbody>
</table>

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: □Full Time □Part Time □Retired □Seeking Work □Unemployed □Not Available

(please select one): □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

---Please attach income detail sheet(s) per household member 18 years or older---
Application for LIHEAP Assistance

Income Detail Sheet

Head of Household Name: __________________________________________

Household Member Name: __________________________________________

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 □ No

Income Type: □ Alimony/Child Support □ Pension □ Salary/Wages □ Social Security □ SSDI □ SSI □ TANF/AFDC □ Unemployment □ No income

Income Period: □ Weekly □ Bi-Weekly □ Semi-Monthly □ Monthly □ Quarterly □ Annually

Gross Amount per Income Period: ________________________________

Type of Documentation Provided: ________________________________

**Employer Detail**

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Length of Empl.</th>
</tr>
</thead>
</table>

**Income:** Is this income current? □ Yes □ No

Income Type: □ Alimony/Child Support □ Pension □ Salary/Wages □ Social Security □ SSDI □ SSI □ TANF/AFDC □ Unemployment □ No income

Income Period: □ Weekly □ Bi-Weekly □ Semi-Monthly □ Monthly □ Quarterly □ Annually

Gross Amount per Income Period: ________________________________

Type of Documentation Provided: ________________________________

**Employer Detail**

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<th>Employer Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Length of Empl.</th>
</tr>
</thead>
</table>

**Income:** Is this income current? □ Yes □ No

Income Type: □ Alimony/Child Support □ Pension □ Salary/Wages □ Social Security □ SSDI □ SSI □ TANF/AFDC □ Unemployment □ No income

Income Period: □ Weekly □ Bi-Weekly □ Semi-Monthly □ Monthly □ Quarterly □ Annually

Gross Amount per Income Period: ________________________________

Type of Documentation Provided: ________________________________

**Employer Detail**

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Length of Empl.</th>
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</thead>
</table>

--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

LIHEAP Application Detail

Head of Household Name: ____________________________

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 this account in your landlord’s name? □ Yes □ No

Has your home ever been served under our Weatherization Assistance 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 USC § 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 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: ____________________________
# ADDITIONAL HOUSEHOLD MEMBER SHEET

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP TO APPLICANT</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH</th>
<th>AGE</th>
<th>SEX M/F</th>
<th>RACE</th>
<th>HIGHEST GRADE OF SCHOOL COMPLETED</th>
<th>HAS HEALTH INSURANCE</th>
<th>RECEIVES INCOME</th>
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NAME OF PERSON WITH DISABILITY: ______________________________________________________

DISABILITY:  _____ MENTAL ILLNESS  _____ LEARNING  _____ COGNITIVE  _____ VISUAL  _____ HEARING  _____ BREATHING  _____ ORTHOPEDIC  _____ SPEECH  _____ DEAF  _____ OTHER  __________________________________________

[Image of a community services agency logo]
TITLE VI ACKNOWLEDGEMENT

Assures “Nondiscrimination in Federally Assisted Programs”

“NO PERSON IN THE UNITED STATES SHALL, ON THE GROUNDS OF RACE, COLOR, OR ORIGIN WILL BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY RECEIVING FEDERAL FINANCIAL ASSISTANCE”

Prohibited practices include but are not limited to:

- Denying a person any services, financial aid, or other benefits because of race, color, or national origin.
- Providing different services or benefits, or providing these in a different manner from those provided to others in the program.
- Requiring different standards or conditions as prerequisites for serving individuals.
- Locating facilities in any way that would limit or impede access to federally funded services or benefits.
- Failing to make allowances for language or educational difficulties.

Any person(s) or organization(s) believing they have been a victim of discrimination based on race, color, or national origin, may file a complaint with the agency in question or with the Shelby County Title VI Coordinator.

RELEASE OF INFORMATION

This is to confirm that I do hereby give permission to Shelby County Community Services Agency to share and/or secure any information necessary to certify me for the Low Income Home Energy Assistance Program. I understand that this information will only be shared, secured, or verified professionally while protecting my rights to confidentiality. I also do hereby grant Shelby County Community Services Agency permission to secure additional resources on my behalf, if necessary and appropriate. I do request, however, that ___________________________ not be contacted.

GRIEVANCE PROCEDURE

Clients applying for assistance through all programs offered by the Shelby County Community Services Agency have the right to appeal any decision made on their behalf, except when funds have been depleted.

Clients have the right to appeal and request a fair hearing. Client must contact Shelby County Community Services Agency for the proper complaint form. After a decision has been made, a complaint form must be filled out in triplicates and completed within (30) days. The Client, the Agency, and the State will retain a copy of the complaint form.

Client Signature

Date
PERMISSION TO APPLY STATEMENT

Please complete this form if the Applicant’s Utility Services are in someone else’s name.

If the person whose name is on the utility bill is currently living, please have them complete the following portion in its entirety.

I, ___________________________________________, do hereby give________________________________________
(Name of person on Utility Bill)         (Applicant’s Name)

Permission to apply for Utility Assistance at the following address:

(Street Name)      (City/State)     (Zip Code)

I, ____________________________________, do not reside in the same household as __________________________
(Name of person on Utility Bill)                           (Applicant’s Name)

My current address is:

(Street name) (City/State) (Zip code)

(Signature)     (Date)     (Contact Number)

If the person whose name is on the Utility bill is deceased: The Applicant must complete the following portion, attach proof of residency and proof of death.

I, _____________________________________, do hereby declare that _______________________________________
(Applicant’s Name)       (Name of Person on Utility Bill)

Is deceased and I am financially responsible for the Utility Services at the following address:

(Street Name) (City/State) (Zip Code)

(Signature)     (Date)
SHELBY COUNTY COMMUNITY SERVICES AGENCY

Self-Declaration of Zero Income

Application Date: ____/_____/______

I __________________________ _______ certify that the following household members 18 years or older have zero income:

Name: ___________________________ claim zero income within 30 days from the application date listed above.

Name: ___________________________ claim zero income within 30 days from the application date listed above.

Name: ___________________________ claim zero income within 30 days from the application date listed above.

Name: ___________________________ claim zero income within 30 days from the application date listed above.

Name: ___________________________ claim zero income within 30 days from the application date listed above.

Note: All household members self-declaring zero income, even when someone in the home has income, will need to be listed on this form. Current employment separation letters must be attached to this signed form.

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: __________________

Reviewed & Updated 8/1/2019 (Form LI-03)
LIHEAP Earned Income Verification

COVID-19 National Emergency

This form is to be used from March 13, 2020 until September 30, 2020

By filling out and signing this form I, ____________________________, certify that I do not have access to my most recent past thirty (30) days’ of paycheck(s) and I cannot get a letter from my employer due to the restrictions during the COVID-19 national emergency.

Place of Employment: ____________________________

Address: ____________________________

Manager’s Name: ____________________________

Position: ____________________________

Last day of work: ____________________________

Hours worked per week: ____________________________

Hourly wage(s): ____________________________

How often paid:

☐ Weekly
☐ Every two weeks (Every other Friday)
☐ Semi-monthly (15th & 30th)
☐ Monthly

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:  Date:

Email completed applications to LIHEAP@ShelbyCountyTN.gov or mail application to 3772 S. Hickory Ridge Mall Suite 516, Memphis, TN 38115