

## **CSA's Low Income Home Energy Assistance Program (LIHEAP) Informational FAQ Sheet Regarding Direct Assistance Funds**

### **Is CSA Out of Funds?**

Due to limited state-wide funding, CSA is unable to provide immediate **utility** assistance at this time. **This pause in service applies to both regular and cut-off notice energy assistance. We cannot provide a timeframe on whether or not additional funds are received before the program year ends.**

### **Can I Still Apply for Utility Assistance? The Waitlist.**

Paper LIHEAP applications will continue to be accepted if customers choose to submit all required documentation. If the application is submitted with all required documents, processed by staff, but determined *ineligible*, a “denied” letter is mailed within 30 days. **If the application is submitted with all required documents, processed, and deemed *eligible*, the applicant is “approved” and placed on a PENDING WAITLIST. A notification is mailed to the applicant.**

**For applications that have been processed, approved and waitlisted, funds will NOT be applied to the account. Even though the applicant has been approved, CSA cannot notate MLGW accounts with a “pending CSA payment” memo if funds are not available.**

Applications can be printed by going to [www.shelbycountycsa.org](http://www.shelbycountycsa.org), picked up at 1188 Minna Place, or via mail by phone request (901-222-4200). Applications can be turned in Mon – Thurs 8am – 4:00pm, Friday’s 8am – 12pm, or placed in the outside drop box. **Applications expire on Sept. 30, 2025.**

### **When will CSA Receive More LIHEAP Funds? How will I Know?**

Even if you have received a waitlist notice, you must continue making payments on your utility account. **No CSA payment or notation will be applied.** We do not know if additional funds will become available. If funds do become available before September 30, 2025, waitlisted households will be awarded payments and receive a notification letter. **If more funding is not available by September 30, 2025, all applicants receive a denial letter due to insufficient funds and the application expires.** We recommend contacting MLGW for payment arrangement options. 901.544.6549

### **When Does Next Program Year Start?**

Currently, we have no information regarding next program year’s start date or funding post September 30th. **CSA will make an announcement once we know when the next program year will begin.**

### **Expected Changes Next Program Year**

Funders have stated to expect less funding state-wide and lower payment awards CSA will be able to apply towards each utility account. Limits on the number of households served per month and how they are prioritized will be a part of planning with funders. We will provide ongoing communication and training as plans are finalized. CSA aims to identify alternative ways our community can achieve stability by adding a resource page to our website. If you would like to share information about your organization, please click the “Partner Roundtable” link on CSA’s homepage at [www.shelbycountycsa.org](http://www.shelbycountycsa.org).

# 60% of the State Median Income

## GUIDELINES

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### 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.

**We do not accept payment for our services. If any person or agency requests payment for our grant-funded services it is a scam.**

Family Size	Annually	Monthly
1	\$30,693.00	\$2,557.75
2	\$40,137.00	\$3,344.75
3	\$49,581.00	\$4,131.75
4	\$59,026.00	\$4,918.33
5	\$68,470.00	\$5,705.83
6	\$77,914.00	\$6,492.83
7	\$79,685.00	\$6,277.84
8	\$81,455.00	\$6,787.92
*For Each Additional Person Add:	\$1,770.00	\$147.50

**SHELBY COUNTY COMMUNITY SERVICES AGENCY**  
**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**REQUIRED DOCUMENTATION**

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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**

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**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.

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LOW INCOME HOME ENERGY ASSISTANCE ASSISTANCE PROGRAM (LIHEAP) APPLICATION FOR ASSISTANCE

\*Application is not complete without applicant signature on page 2

Date Application Received:

Type of assistance you are applying for: (Check one)

☐

Energy Assistance

☐

Crisis Assistance

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

If yes, which agency provided assistance? \_\_\_\_\_

Applicant Name:

Telephone:

Cell:

Permission to Text? Y N

Current Address:

City:

State:

Zip:

Applicant Email:

County:

Mailing Address (if different from Current Address):

City:

State:

Zip:

LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT). USE ADDITIONAL PAPER IF YOU NEED MORE SPACE)

NAME (must provide first and last name)	Marital Status	Relation to Applicant	Social Security Number	Date of Birth	Age	Sex	Race (optional)	Highest Grade Completed	Vet or Active Military	Assistance for Disability?	Health Insurance	Income	Type of Income or Assistance
		Applicant							Y or N	Y or N	Y or N	Y or N	
									Y or N	Y or N	Y or N	Y or N	
									Y or N	Y or N	Y or N	Y or N	
									Y or N	Y or N	Y or N	Y or N	
									Y or N	Y or N	Y or N	Y or N	
									Y or N	Y or N	Y or N	Y or N	
									Y or N	Y or N	Y or N	Y or N	
									Y or N	Y or N	Y or N	Y or N	

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) ☐

Other ☐

SELF DECLARATION OF DISABILITY (Please use additional paper if more space is needed)

WHICH HOUSEHOLD MEMBER HAS A SELF-DECLARED PERMANENT DISABILITY?

DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? YES NO (circle)

WHICH HOUSEHOLD MEMBER HAS A SELF-DECLARED PERMANENT DISABILITY?

DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? YES NO (circle)

WHICH HOUSEHOLD MEMBER HAS A SELF-DECLARED PERMANENT DISABILITY?

DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? YES NO (circle)



ASSISTANCE WILL BE DENIED DUE TO AN APPLICANT'S REFUSAL TO FURNISH ALL HOUSEHOLD MEMBERS' SOCIAL SECURITY NUMBERS AND VERIFICATION



HOUSEHOLD TOTAL INCOME List income information for applicant and all household members. Use additional paper if more space is needed. Wages are only listed for household members 18 or older.			
HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY INCOME	IF WAGES, HOW OFTEN PAID AND EMPLOYMENT START DATE
◆◆◆ YOU MUST ATTACH CURRENT INCOME DOCUMENTATION FOR EVERY PERSON IN THE HOUSEHOLD ◆◆◆			

HOUSING (Please check one)	<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	<input type="checkbox"/> SECTION 8	<input type="checkbox"/> PUBLIC HOUSING AUTHORITY	If Utilities are in Public Housing or Section 8 name, Amount of Utility "Overage" \$ _____
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UTILITY COMPANY TO RECEIVE PAYMENT: (YOUR FIRST CHOICE)

Utility Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

I certify that the account is in the name of \_\_\_\_\_ is for the use of my household and I am responsible for it's payments.

UTILITY COMPANY TO RECEIVE PAYMENT: (SECOND CHOICE)

Utility Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

I certify that the account is in the name of \_\_\_\_\_ is for the use of my household and I am responsible for it's payments.

\*\*\* PLEASE ATTACH ANNUAL ENERGY USAGE DOCUMENTATION \*\*\*

Has your home ever been served under our Weatherization Assistance Program?    Yes ☐                      No ☐

Are you interested in learning more about the Weatherization Program?    Yes ☐                      No ☐

**Applicant Certification:**

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 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 HOME 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 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 RECORDS, 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:**

SIGNATURE OF DETERMINING AGENCY OFFICIAL: \_\_\_\_\_

DATE CERTIFIED: \_\_\_\_\_

**ADDITIONAL HOUSEHOLD MEMBER SHEET**

NAME (Must Provide First and Last Name)	MARITAL STATUS	RELATION TO APPLICANT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX M/F	RACE	HIGHEST GRADE OF SCHOOL COMPLETED	HAS HEALTH INSURANCE	Income	Type of Income or Assistance
									Y / N		
									Y / N		
									Y / N		
									Y / N		
									Y / N		
									Y / N		
									Y / N		
									Y / N		
									Y / N		

NAME OF PERSON WITH DISABILITY: \_\_\_\_\_

# SHELBY COUNTY COMMUNITY SERVICES AGENCY

## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

### 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 SUBJECT 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.

X \_\_\_\_\_

Client Signature

X \_\_\_\_\_

Date





## SHELBY COUNTY COMMUNITY SERVICES AGENCY

### 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)





## 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: \_\_\_\_\_

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## Community Services Agency Customer Satisfaction Survey

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### *How Are We Doing?*

We are committed to providing you with the best experience possible, so we welcome your comments. Please join me in filling out this questionnaire. Thank you.

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Please provide us with your zip code.

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What services did you apply for during the intake process?

- |                                     |  |
|-------------------------------------|--|
| Rent/Mortgage Assistance            | <input type="checkbox"/> Yes   <input type="checkbox"/> No |
| Utilities Assistance                | <input type="checkbox"/> Yes   <input type="checkbox"/> No |
| Eviction Prevention Program         | <input type="checkbox"/> Yes   <input type="checkbox"/> No |
| Medical Prescription Assistance     | <input type="checkbox"/> Yes   <input type="checkbox"/> No |
| Supportive Services/Case Management | <input type="checkbox"/> Yes   <input type="checkbox"/> No |
| Other                               | <input type="checkbox"/> Yes   <input type="checkbox"/> No |

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Who was the staff member that assisted you?

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Please rate the quality of your experience.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Disappointing

Exceptional

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Please provide a comment regarding your experience or tell us what services would better assist you.