

**SOUTHWEST HRA
P O BOX 264 -1527 WHITE AVENUE
HENDERSON, TENNESSEE 38340**

**INSTRUCTIONS FOR LIHEAP APPLICATION FY 2011
ENERGY ASSISTANCE PROGRAM**

1. Mark the type of assistance you are applying for (Energy or Crisis)
If applying for Crisis, you must have an elderly or disabled household member, a child under 6 years of age, or be experiencing an uncontrollable circumstance (must provide proof of circumstance)
2. Answer Yes or No if you have or have not received assistance under this program since July 1, 2010 through any agency. Please list which agency, if any, you received assistance from.
3. Print your full name.
4. Write your contact numbers; include a cell phone if available.
5. Write your mailing address, city, State, and zip.
6. List what County you live in.
7. How many people are in your household? Be sure to include yourself.
8. Does your household receive food stamps? Circle Yes or No. If yes, what name are they under?
9. Applicant information is needed for every member of the household. Please answer all questions in this area for every member, beginning with the applicant.

Name, Social Security Number, Date of Birth, Race, Sex, Education Level, Relationship to the applicant, Marital status, circle yes or no if this person is disabled, circle yes or no if this person has medical insurance, circle yes or no if this person has income, what source is the income from, and how much income is there monthly.

Documentation of social security numbers is required for every member of your household.

10. Add total monthly household income and include documentation for all income. We do not count earned income from anyone in the household under 18 years of age. We can NOT accept 1099's, tax returns, or any other form of annual summary of income. (Except in cases with self-employment) SWHRA may request documentation of zero income, if your household does not report any income.

*****No Application can be processed without required income documentation*****

11. Circle Yes or No if household has a signed medical statement that requires life support equipment
12. Circle Yes or No if household receives regular financial assistance for a disability
13. If there is someone disabled in home, and does not receive assistance for the disability, please state the self-declared handicapping condition.
14. Mark your housing status if you own, rent, use section 8, or public housing.
15. Circle all types of energy that are used in your household

Attach stubs, invoices, receipts, etc for all energy sources in the household.

16. List the Energy Supplier that ***YOU WANT TO RECEIVE PAYMENT.***
If requesting assistance with wood, kerosene, coal or fuel oil, please supply your vendors name, address, and phone number along with receipts. If you are requesting home delivered fuel, the payment will go directly to your vendor. There are NO direct payments to clients.
17. Write your account number from that supplier.
18. Write the name the utility account is listed in, and circle yes or no if account is in your landlord's name.
19. Circle Yes or No if your house has ever been weatherized by our agency, and if you are or are not interested in that program. *If you would like to apply for this program, please talk to your CSC Coordinator.*
20. Read the certification and check you if you do or do not agree to have your information shared with other agencies regarding additional services.
21. Sign and date the application.

PLEASE MAIL THIS APPLICATION ***ALONG WITH DOCUMENTATION*** TO
SWHRA, ATTN: LIHEAP, PO BOX 264, HENDERSON, TN 38340