

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

**INSTRUCTIONS FOR LIHEAP APPLICATION FY 2009
ENERGY ASSISTANCE PROGRAM**

- 1. TYPE OF ASSISTANCE (REGULAR OR CRISIS) CHECK REGULAR**
Crisis is completed in our office, and must meet the criteria in the upper right box.
- 2. PRINT YOUR FULL NAME**
- 3. WRITE YOUR PHONE NUMBER**
- 4. MAILING ADDRESS, CITY, ST, ZIP CODE AND COUNTY**
- 5. NUMBER OF PEOPLE IN HOUSEHOLD (INCLUDING YOURSELF)**
- 6. DOES YOUR HOUSEHOLD RECEIVE FOODSTAMPS? CIRCLE YES OR NO**
- 7. IF ANSWERED YES, PLEASE GIVE US THE CORRECT NAME THEY ARE RECEIVED UNDER.**
- 8. 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, Sex, Race, Relationship to Applicant, Marital Status, If they are disabled, Social Security Number, Date of Birth, If they are covered by any type of medical insurance, Highest Education Level, If they receive income, and if so, what type of income, and how much monthly.
- 9. ADD TOTAL MONTHLY HOUSEHOLD INCOME AND INCLUDE DOCUMENTATION FOR ALL INCOME** We can NOT accept 1099's, tax returns, or any other form of annual summary of income. (Except in cases with self-employment)
IF THERE IS ZERO INCOME, WE WILL NEED SOME TYPE OF DOCUMENTATION OF ZERO INCOME Food stamps award letter showing zero income or a statement of support from family member or friend helping household with expenses.
****NO APPLICATION CAN BE PROCESSED WITHOUT INCOME DOCUMENTATION****
- 10. DOES HOUSEHOLD HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES MEDICAL LIFE SUPPORT EQUIPMENT?** Circle Yes or No
- 11. DOES HOUSEHOLD RECEIVE INCOME FOR A DISABILITY?** Circle Yes or No
- 12. IF HOUSEHOLD DOES NOT RECEIVE INCOME FOR A DISABILITY, PLEASE WRITE YOUR SELF-DECLARED HANDICAPPING CONDITION.**
- 13. CHECK MARK YOUR HOUSING STATUS**
- 14. CHECK TYPE OF ENERGY YOU ARE REQUESTING ASSISTANCE WITH ATTACH 1 ELECTRIC BILL FROM ANY OF THE PAST 12 MONTHS. ALSO, ATTACH PROOF OF ANY OTHER ENERGY COSTS IN THE PAST 12 MONTHS. ELECTRIC AND NATURAL GAS STUBS MUST SHOW, AT A MINIMUM, THE HOUSEHOLD NAME, ADDRESS, AND BILLING PERIOD.**
- 15. LIST THE ENERGY SUPPLIER THAT YOU WANT TO RECEIVE PAYMENT**
- 16. WRITE YOUR ACCOUNT NUMBER FROM THAT SUPPLIER**
- 17. WRITE THE NAME THE UTILITY ACCOUNT IS LISTED IN**
- 18. CIRCLE YES OR NO IF YOUR HOUSE HAS EVER BEEN WEATHERIZED BY OUR AGENCY.**
- 19. ARE YOU INTERESTED IN THE WEATHERIZATION PROGRAM? Yes or No**
If you would like to apply for this program, please talk to your CSC Coordinator.
- 20. READ THE CERTIFICATION AND CHECK YES OR NO, IF YOU AGREE TO HAVE YOUR INFORMATION SHARED WITH OTHER AGENCIES REGARDING ADDITIONAL SERVICES.**
- 21. SIGN AND DATE THE APPLICATION.**

YOU MAY CHECK WITH YOUR COMMUNITY SERVICE CENTER TO SEE IF YOU QUALIFY FOR CRISIS ASSISTANCE. WHILE ASSISTANCE IS PROVIDED FASTER, YOUR BENEFIT LEVELS WILL BE LOWER FOR CRISIS ASSISTANCE.

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