



MID-CUMBERLAND
COMMUNITY ACTION AGENCY
Helping people. Changing lives.

LIHEAP

Circle **ONLY** the source of energy you want assistance with and the supplier who provides your services

Electric Natural Gas Coal Wood Kerosene Fuel Oil LP Propane

Utility/Energy Supplier Name: _____

Account Name: _____

Account Number: _____

In the event you are approved during the year that you would not use the above vendor or energy source, please provide your electric company information below

Utility Board Name: _____

Account Name: _____

Account Number: _____

I have _____ or have not _____ received LIHEAP since October 1 2021 through any Tennessee LIHEAP agency. If yes, which agency provided the assistance?

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.

Client Signature: X _____ **Date:** _____

OFFICE USE ONLY

If applicant does not have energy burden, they are not eligible for assistance

Grievance Procedures-Appeal Process

If a client wishes to appeal a decision they can follow the procedure outlined below. An individual filing a grievance may do so within 30 days of denial of services by contacting the Community Service Director who will review the file and respond to the grievance. The Community Service Director will assist the individual within 15 working days of being contacted and have the client fill out the agency form. The grievance will be addressed within 15 days of being contacted. If the customer is still dissatisfied with the decision made by the Community Service Director, he/she may request a review of the decision by the appropriate funders, including the Tennessee Housing and Development Agency (THDA) or Tennessee Department of Human Services (DHS).