

**APPLICATION FOR ENERGY ASSISTANCE
SOUTHEAST TENNESSEE HUMAN RESOURCE AGENCY
P.O. BOX 909, DUNLAP, TENNESSEE 37327**

Please Print and Complete ALL Information

PLEASE READ ATTACHED INSTRUCTIONS BEFORE COMPLETING APPLICATION!!!

1. _____
APPLICANT NAME
2. _____
TELEPHONE NUMBER
3. _____ / _____ / _____
APPLICANT'S MAILING ADDRESS CITY STATE ZIP
4. _____
COUNTY IN WHICH YOU LIVE
5. _____ / _____ / _____
APPLICANT'S STREET ADDRESS CITY STATE ZIP
6. _____
NUMBER OF HOUSEHOLD MEMBERS
7. SEX: MALE _____ FEMALE _____
8. _____ AGE 9. _____ APPLICANT'S BIRTHDATE
10. _____
* APPLICANT'S SOCIAL SECURITY NUMBER
11. DISABLED: YES _____ NO _____ 11a. ELDERLY DISABLED: YES _____ NO _____
12. RACE: WHITE _____ BLACK _____
HISPANIC _____ AMER. INDIAN _____
ASIAN _____ OTHER _____
- 11b. ADULT PROTECTION PROGRAM: YES _____ NO _____
- 11c. DO YOU HAVE FINANCIAL ASSISTANCE FOR YOUR DISABILITY?
(SOCIAL SECURITY DISABILITY, SSI, ETC.) YES _____ NO _____
- 11d. DO YOU HAVE A SIGNED MEDICAL STATEMENT THAT MEDICAL LIFE SUPPORT EQUIPMENT IS REQUIRED FOR YOUR HOUSEHOLD? YES _____ NO _____
- 11e. WHAT IS YOUR DISABILITY? _____

13. MARITAL STATUS: MARRIED _____ DIVORCED _____ SEPARATED _____ WIDOWED _____ NEVER MARRIED _____
14. HOUSING: OWN _____ RENT _____ SEC. 8 _____ PUBLIC HOUSING _____ BUYING _____

15. **YOU MUST LIST ALL MEMBERS IN THE HOUSEHOLD: USE A SEPARATE SHEET OF PAPER, IF YOU HAVE MORE THAN 7 HOUSEHOLD MEMBERS.**

NAME	BIRTHDATE	* SOCIAL SECURITY #	RACE	DISABLED YES or NO	SEX	LEVEL OF EDUCATION	(Circle One) INSURANCE	RELATIONSHIP TO APPLICANT
							YES NO	
							YES NO	
							YES NO	
							YES NO	
							YES NO	
							YES NO	
							YES NO	

16. TYPE OF ASSISTANCE APPLYING FOR: _____ ENERGY ASSISTANCE
_____ CRISIS ASSISTANCE (EMERGENCY ASSISTANCE)
17. SOURCE OF HEATING APPLYING FOR: (CHECK ONLY WHAT YOU HEAT WITH) YOU CANNOT RECEIVE ASSISTANCE FOR TWO SOURCES.
ELECTRICITY _____ KEROSENE _____ COAL _____
NATURAL GAS _____ FUEL OIL _____
L.P. GAS _____ WOOD _____
18. NAME, MAILING ADDRESS, & PHONE NUMBER OF HEATING SUPPLIER: (This is required)

PHONE NUMBER: () _____

