

HOME UPLIFT PROGRAM

Homeowner Application



Call 1-888-986-7262 For Assistance Completing This Application

We're excited you are applying for our TVA/EPB Home Uplift program! To participate:

- ✓ You must meet the income guidelines provided below
- ✓ You must occupy a single-family site-built home or manufactured home on permanent foundation and built after 1976
- ✓ You or must be the primary electric and/or gas (if you have gas) account holder
- ✓ You must participate in a home evaluation to ensure the home meets qualifications
- ✓ The home must not have received upgrades in a similar TVA funded pilot or project within 20 years

Income eligibility is based on the total combined income for all household members over the age of 18 living at the home. For each additional household member over 8 people, \$9,440 will be added to the total combined income.

2022 Federal Poverty Income Guidelines								
Size of Family Unit	1	2	3	4	5	6	7	8
	\$27,180	\$36,620	\$46,060	\$55,500	\$64,940	\$74,380	\$83,820	\$93,260

In addition to this application, we MUST also receive the following documents in the homeowner/ applicant's name:

STEP 1 <u>One Proof of Homeowner/ Applicant Identification</u>	STEP 2 <u>One Proof of Homeownership</u>	STEP 3 <u>Provide All that apply for Household Members 18 and Over</u>	STEP 4 <u>One Proof of Electric/Gas Primary Account Holder</u>
Examples: <ul style="list-style-type: none"> • US Driver's License or Photo ID • Birth Certificate • Military ID • Passport • US Citizenship & Immigration Services Documentation • Legal Change of Name Document or Marriage License 	Examples: <ul style="list-style-type: none"> • Deed or Title • Bill of Sale or Land Contract • Property Tax Receipt or Property Tax Bill • Last Will & Testament Naming the Applicant Heir to the Property (along with a death certificate) • Real Property Structure Insurance Policy 	<ul style="list-style-type: none"> • Federal Taxable Wages (Job) • Tips • Self-employment Income • Unemployment Compensation • Social Security • Social Security Disability Income • Retirement or Pension • Alimony (final before January 1) • Capital Gains • Investment Income • Rental and Royalty Income 	Examples: <ul style="list-style-type: none"> • A copy of an electric/gas bill with the homeowner/ applicant's name as the primary account holder (bill must be within the last 12 months).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The program administrator reserves the right to request additional documentation necessary to verify applicant eligibility.

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STEP 5 Complete the Application						
1. First Name*		2. Last Name*		3. Phone*		
4. Home Address*			5. City*	6. State*	7. Zip*	
8. Mailing Address (if different than above)						
9. Email Address*			10. How did you hear about the program*			
11. Home Square Footage (Optional)		12. Year Home Was Built (Optional)		13. Number of Occupants*		
14. Electric/Gas Provider*			15. Electric/Gas Account Number			
16. Primary Heating Source* <input type="checkbox"/> Electric <input type="checkbox"/> Gas		17. Water Heater Fuel Source* <input type="checkbox"/> Electric <input type="checkbox"/> Gas		18. Foundation Type* <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement <input type="checkbox"/> Slab		
19. Race* (check as many as apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Unsure			20. Female Headed Household?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not know		21. Are you Hispanic or Latine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not know	
22. Secondary Contact (By listing this person, you allow this person to receive information on the status of your application. No personal income information will be shared.)						
Name			Phone			

You MUST provide the following information for you and others living in your home:

23. Household Member Name*	24. Annual Income*	25. Birthdate* (MM/DD/YY)	26. Marital Status (S or M)	27. Gender (F or M)	28. Race (Optional)	29. Veteran (Y or N)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

*Required Information

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Has your home participated in past TVA funded projects? Yes No

Are you a veteran? Yes No

This applicant(s) hereby certifies he/she has read, agrees to and has met all terms and conditions and program qualifications as outlined in the application.

The applicant further certifies all of the information contained in this application and supporting documentation is complete, true and correct, and all house household income has been fully disclosed.

Income eligibility approval does not guarantee eligibility for the program. Applicants must meet all program requirements to be eligible for the program.

The program is not responsible for items (i.e. income eligibility applications, supporting documenta-tion) lost or damaged in the mail.

TVA EnergyRight reserves the right to utilize a third party agency to verify income and homeownership. This inquiry will be listed on your credit report, but will not effect your credit score.

In order to better serve you, do we have your approval to share your application and supporting documentation with a local agency who might be able to provide assistance with repairs or energy efficiency improvements? Yes No

Homeowner Signature _____ Homeowner Print Name* _____ Date* _____

Your household members can speed up the application process. Signing below gives TVA Energy-Right permission to use a third party agency to verify their income. This inquiry will be listed on their credit report, but will not effect their credit score. TVA’s program administrator also reserves the right to request additional documents as needed.

Household Member Signature (If Applicable) _____ Household Member Print Name _____ Date _____

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Household Member Signature (If Applicable) _____ Household Member Print Name _____ Date _____

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STEP 6 Application Checklist



**We cannot begin to process your application until all documents are submitted.
Please call 1-888-986-7262 for assistance.**

Did you provide identification requested in STEP 1?	<input type="checkbox"/>
Are all documents listed in STEPS 1-5 in the homeowner/applicant's name? If not, did you provide proof of name change or a marriage license?	<input type="checkbox"/>
Did you add all other household members requested in STEP 5?	<input type="checkbox"/>
Did you agree to the application by providing a signature and date for you and others living in the household?	<input type="checkbox"/>

**FOR ASSISTANCE COMPLETING THIS APPLICATION
CALL 1-888-986-7262**

**RETURN THIS APPLICATION & REQUESTED DOCUMENTS (STEPS 1 – 4)
TO ONE OF THE FOLLOWING:**

Mail: Home Uplift c/o CLEAResult, P.O. Box 290189, Nashville, TN 37229

Email: support@mytva.com

Fax: 888-995-7068