# Home Uplift Homeowner Application

For assistance completing this application call 1–888–986–7262





1-888-986-7262 or support@mytva.com

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

$\bigcirc$	You must	meet the	income	guidelines	provided	below
	Tou must		IIICOIIIC	guidelliles	provided	DCIOV

You must occupy a single-family site-built home or manufactured home. A manufactured home must be on permanent foundation and built after 1976

You 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 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 Pove	erty Income	Guidelines			
Size of Family	1	2	3	4	5	6	7	8
Unit	\$ 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</u> Proof of  Homeowner/Applicant Identification	STEP 2 <u>One</u> Proof of Home Ownership	STEP 3 Provide <u>All</u> That Apply for Household Members 18 and Over	STEP 4 <u>One</u> Proof of  Electric/Gas Primary  Account Holder
<ul> <li>Examples:</li> <li>US Driver's License or Photo ID</li> <li>Birth Certificate</li> <li>Military ID</li> <li>Passport</li> <li>US Citizenship &amp; Immigration Services Documentation</li> <li>Legal Change of Name Document or Marriage License</li> </ul>	<ul> <li>Examples:</li> <li>Deed or Title</li> <li>Bill of Sale or Land Contract</li> <li>Property Tax Receipt or Property Tax Bill</li> <li>Last Will &amp; Testament Naming the Applicant Heir to the Property (along with a death certificate)</li> <li>Real Property Structure Insurance Policy</li> </ul>	<ul> <li>Federal Taxable Wages         (Job)</li> <li>Tips</li> <li>Self-employment         Income</li> <li>Unemployment         Compensation</li> <li>Social Security</li> <li>Social Security         Disability Income</li> <li>Retirement or Pension</li> <li>Alimony (final before         January 1)</li> <li>Capital Gains</li> <li>Investment Income</li> <li>Rental and Royalty         Income</li> </ul>	• 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).

<sup>\*\*</sup>The program administrator reserves the right to request additional documentation necessary to verify applicant eligibility.



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	STEP 5 Complete	e the Application			
1. First Name*	2. Last Name*		3. Phone*	. Phone*	
4. Home Address*		5. City	6. State 7. ZIP		
8. Mailing Address (if different than a	above)				
9. Email Address*	10. How Did You Hear About the Program?				
11. Home Square Footage (Optional)			s Built 13. Number of Occ		
14. Electric/Gas Provider*	15. Electric/Gas Account Number				
16. Primary Heating Source* Electric Gas	17. Water Heater F Electric G	Fuel Source*  ias  Crawl Spac Slab			
19. Race* (check as many as apply)  American Indian or Alaska Native  Black or African American		20. Female-Heade Yes No	ed Household? Do Not Know		
Native or Hawaiian or Other Pacific Asian Other White Unsure	21. Are You Hispanic or Latinx?*  Yes No Do Not Know				
22. Secondary Contact (By listing this application. No personal income inform		•	e information o	on the status of your	
Name			Phone		

<sup>\*</sup>Required Information



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

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



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Household Member Signature (If Applicable)

Your household members can speed up the a use a third-party agency to verify their incomo credit score. TVA's program delivery partner at the Household Member Signature (If Applicable 1997).	ne. This inquiry also reserves th	will be lis	ted on th	eir credit report but additional document	will not a	ffect the
use a third-party agency to verify their incom	ne. This inquiry	will be lis	ted on th	eir credit report but	will not a	ffect the
Homeowner Signature*	Homeo	wner Pri	nt Name	*	Da	te*
In order to better serve you, do we have your a local agency that might be able to provide a Yes No		-		• • • •		tion with
TVA EnergyRight reserves the right to utilize a will be listed on your credit report but will not		-	-	ome and homeowner	ship. This	s inquiry
The program is not responsible for items (e.g., damaged in the mail.	income eligibi	lity appli	cations, s	upporting document	ation) los	st or
Income eligibility approval does not guarantee requirements to be eligible for the program.	e eligibility for t	the progr	am. Appl	icants must meet all	program	
The applicant further certifies all of the inform complete, true and correct, and all household				• • • •	ocumenta	ation is
qualifications as outlined in the application.	ead, agrees to,	and has	met all te	erms and conditions	and prog	ram
This applicant(s) hereby certifies he/she has i				Are you a veteran?	res	
Has your home participated in a past TVA fun This applicant(s) hereby certifies he/she has i	ded projects?	Yes	No	A	Voo	No

**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?

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?

Did you add all other household members requested in STEP 5?

Did you agree to the application by providing a signature and date for you and others living in the household?



Return this application and requested documents (steps 1-4) to <u>one</u> of the following:

Mail: Home Uplift c/o CLEAResult, P.O. Box 290189, Nashville, TN 37229 Email: support@mytva.com | Fax: 888-995-7068