






This application may be used to apply for all programs and services offered by the Metropolitan Action Commission. The information provided will be used to determine your eligibility for programs and services provided by MAC. Additional information may be required for each specific program. For more information about specific programs visit our website at www.nashville.gov/mac or contact our office at 615-862-8860 or by email metro.action@nashville.gov

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|---|---|---|
|  | <p>Use this Application to see what programs and assistance you are eligible to receive.</p> | <ul style="list-style-type: none"> • Programs and Services offered by MAC for low-income individuals and families • Information and Referral to community partners |
|  | <p>Who can use this Application?</p> | <ul style="list-style-type: none"> • Davidson County residents • Use this Application to apply for anyone in your family • Families that include immigrants can apply. You can apply for your child even if you are not eligible for assistance. Applying for assistance will not affect your immigration status or chances of becoming a permanent resident or citizen. |
|  | <p>Things you may need to complete this Application</p> | <ul style="list-style-type: none"> • A Government-issued ID (for example driver's license, state or federal ID card, passport, birth certificate, military ID, voter's registration card) • Social Security Numbers (or document numbers for any legal immigrants) • Employer and income information for everyone in your family (for example paystubs, W-2 forms, bank statements or wage and tax statements) |
|  | <p>Why do we ask for this information?</p> | <p>We ask about income and other information to let you know what assistance you are eligible to receive. You may be asked for additional information to meet specific program requirements. We will keep all the information you provide private and secure, as required by law.</p> |
|  | <p>What happens next?</p> | <p>Submit or send your complete, signed Application to: Metropolitan Action Commission 800 2nd Avenue North Nashville, TN 37201</p> <p>What if you do not have all the information needed for the Application? Failure to provide required information may delay the processing of your application. You may sign and send us your application anyway. After we get your application, we will look to see what facts we still need. Then we will send a letter that asks you to provide what we need.</p> <p>After we get your application and the facts we need, we will send you a letter that tells you the decision. If you have questions, contact our office at 615-862-8860 or by email at metro.action@nashville.gov.</p> |

Need help with your application? Do you need help in a language other than English? When you call, let us know the language you need. We will get you help at no cost to you. Do you have a hearing or speech problem and use TTY? Call **1-800-848-0298**, then dial **615-862-8860**. Nosotros te ayudaremos sin ningun costo si tienes un problema auditivo o de habla y si usas. TTY. Llamenos a nuestro centro de ayuda gratuita al **615-862-8860**.



Metropolitan Action Commission

Application for Services FY 2022-2023



Last Name: _____ First Name: _____

Street Address: _____ City: _____ State: **TN** Zip: _____ Phone #: (____) _____

Mailing Address: _____ Email Address: _____
(If different than Street Address)

What services do you need? *(Please check all that apply)*

- Help paying:** Heating and Cooling Bill (i.e., electric, gas, or others such as wood, propane) Water Bill Property Tax (Seniors aged 60 and above)
 Past Due Rent or Mortgage Homeless Recovery/Rent or Utility Deposits Ensure/Prescribed Foods
- Help getting:** A Fan or Air Conditioner (**May 1 to August 30 only**) Early Childhood Education (i.e., Pregnant mothers and children from birth to age 5)
 Adult Education (i.e., Earn a High School Equivalency Diploma, and get support for College Preparation Courses and Job Training)

Statement of Need: *(Explain your current situation)*

Information of each Household Member

Begin list with Head of Household, then spouse, then oldest child, etc.

By providing Race/Ethnicity information, it helps show if Tennessee is following civil rights laws. (Your household is not required to give us this information and it will not affect your eligibility or benefit level.) Please use the following to indicate:

- RACE:** A = Asian, B-Black/African American, H = Native Hawaiian/Other Pacific Islander, I = American Indian/Alaskan Native, W = White
- HEALTH INSURANCE:** MC- Medicare, MD- Medicaid, C- CoverKids, M- Military, D- Direct Purchase, E- Employment Based, N- No Health Insurance, I-Indian Health Insurance, T- TennCare
- TYPE OF INCOME:** EFT-Employment, Full-Time, EPT-Employment Part-Time, M-Migrant Farmer, SSI/SSDI, SS-Social Security, VA-VA Benefits, A-Alimony, CH-Child Support, SE-Self-Employed, P-Pension, F-Family Support, N-None, if \$0.
- EDUCATION LEVEL:** P/K-Pre-School, K-12-Enrolled in K-12 list grade, N-No HS, HS-High School Diploma/GED, PS-Enrolled in post-secondary or other training class, C-Certificate, G-Assoc. or Bachelor's Degree, GR-Graduate School or above

| Name | DOB | Full S.S.# <i>(Inability or Refusal to provide SSN may result in denial, unless child under 1 yr. old)</i> | Race | Hispanic Or Latino | Sex (M, F, or O for Other) | Disabled | Active Duty or Veteran | Child-Care Voucher | Health Insurance | Type of Health Insurance | Education Level | Relation to the Applicant | Type of Income | Income |
|------|-----|---|------|--------------------|----------------------------|----------|------------------------|--------------------|------------------|--------------------------|-----------------|---------------------------|----------------|--------|
| 1. | / / | | | Y N | | Y N | Y N | Y N | Y N | | | | | |
| 2. | / / | | | Y N | | Y N | Y N | Y N | Y N | | | | | |
| 3. | / / | | | Y N | | Y N | Y N | Y N | Y N | | | | | |
| 4. | / / | | | Y N | | Y N | Y N | Y N | Y N | | | | | |
| 5. | / / | | | Y N | | Y N | Y N | Y N | Y N | | | | | |

(If you need space for more members, please ask for an additional household member sheet).

Total Household Income : \$



1. Program Information

Please complete the **Program Information** if you need assistance paying for any of the following: (1) heating or cooling bills such as electric, gas, or other types like wood or propane, (2) water bill, or (3) both heating or cooling and water. If not, go to Section 2.

Energy Assistance:

Do you need help paying your heating/cooling bill? Yes No

If No, please skip to the **Weatherization Assistance** section below.

Please check only one of the following:

- My electric or gas has been disconnected.
- I have received a cutoff notice.
- Neither of the above describe my situation, but I am seeking help with my current bill.

Name of Energy Service Supplier: _____

Account Number: _____

Name on the Bill: _____

Weatherization Assistance:

Has your residence been insulated under the Weatherization Program by the Metropolitan Development and Housing Agency (MDHA)? Yes No

If not, are you interested? Yes No

Water Assistance:

Do you need help paying your water bill? Yes No

If No, please skip to the Section 2 **Household Information**.

Please check only one of the following:

- My water services have been disconnected.
- I am behind on paying my water bill and am at risk of receiving a disconnection notice.
- I am seeking help with my current bill. I am not behind on my bill, but I am struggling to maintain expenses due to uncontrollable situations.

Name of Water Service Supplier: _____

Account Number: _____

Name on the Bill: _____

2. Household Information

Complete the **Household Information** section to best describe your status. (Please complete all questions).

Housing Situation:

What is your housing status?

- Rent Own
- Section 8 or Housing Choice Voucher
- Temporarily living with family or friends
- Homeless
- Permanent Supportive Housing (HUD)
- HUD-VASH
- Other (please specify) _____

What is your monthly rent/mortgage? _____

What is your marital status?

- Married
- Never Married
- Divorced
- Widowed
- Separated

Household Type:

What is your current household type?

- Single Person
- Single Parent/Female
- Single Parent/Male
- Two Adults with children
- Two Adults, no children
- Multigenerational Household
- Other (please specify) _____

How many people live in your house? _____

Supports:

Do you have other family, community or agency supports? Yes No

If Yes, please list: _____

(Go to the next page)

Household Information (continued)

Unemployment Information:

Has anyone in your household received unemployment in the past 30 days? Yes No

Has anyone received the Earned Income Tax Credit (EITC or EIC)? Yes No

Benefits Information:

Has anyone in your household received SNAP, WIC, LIHEAP, Affordable
Cares Act Subsidy this last year (i.e., beginning October 1, 2022)? Yes No

If Yes, please specify type: _____

Nutrition:

At least one (1) or more times a month, does your family worry that food
will run out before there is money to buy more? Yes No

Needs satisfied through food banks/commodities? Yes or No

Transportation:

Do you have transportation? Yes No Is it reliable? Yes No

Which best describes your access to transportation? car ride a bus ride with family or friends Other _____

Child Care:

Do you have childcare? Yes No

If Yes, is it reliable? Yes or No

My child/children participate in Head
Start/Early Head Start, which location?

My child/children are in school without appropriate after
school care.

I do not have affordable childcare options

I have subsidized childcare (certificate)

A friend or family member provides care

Other: _____

I do not have any children

I pay for childcare: \$ _____/week.

Type of care: _____

My child/children are in school with
appropriate after school care

Medical Insurance:

Do you need Health Insurance: Yes No

I have medical insurance provided by my employer.

My household members have medical insurance
provided by my employer.

I am provided sick leave benefits.

I have a retirement plan that includes health
insurance

My household members have TennCare,
Medicaid, Medicare or some other medical
insurance provided by the government.

I do not have medical insurance

My household members do not have medical
insurance.

I have supplemental prescription assistance to
help pay for medications.

I have a copay for my medications

I do not have supplemental medical insurance to
help pay for my medications.

I (or any household members) often go without my
medication due to lack of money.

Other: _____

I have a medical condition that affects my ability to
contribute to my household. If so, please explain:

Do you need help applying for health coverage for
anyone in your household? Yes No

If Yes, we can help you apply at www.healthcare.gov.

Do you need help paying for your monthly
Medicare premiums? Yes No

If Yes, we can help you apply at
<https://tenncareconnect.tn.gov>.

If you do not have health insurance, do you need
help paying for prescriptions? Yes No

If Yes, we can help you apply for CoverRx at
<https://www.optumrx.com/coverrx>.

(Go to the next page)

3. Authorization for Release of Information and Certifications

The *Release of Information* is used to better serve you. We must be able to share your information with other programs and/or partners to determine eligibility, enroll you in our programs and services, and provide information and referrals to our community partners.

I hereby allow Metropolitan Action Commission (MAC), its agents, employees, or partners to request information from all housing, utility, and income providers listed on MAC's related forms. I agree that copies of this authorization may be used for the purposes stated above. **Do you agree?** Yes No

I certify to the best of my knowledge all of the information given by me is true and correct. I understand that if I withhold any information and receive services to which I am not entitled, I may be subject to criminal prosecution under the laws for the State of Tennessee. To the fullest extent possible I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the Metropolitan Government, officers, agents, employees, and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my application for assistance and/or related activities, whether due to negligence, mistake or other action or inaction of the Metropolitan Government or any other person or entity. I certify that I have been informed of the appeal process under provisions of this agency and that I shall be notified (written or verbal) of my eligibility status within the time period acknowledged to me by MAC policies. I attest under penalty of perjury that the applicant is either a United States Citizen or qualified alien as defined by 8 U.S.C. 1641(b).

Is any member of your household or immediate family employed by Metropolitan Action Commission? Yes No
If yes, please list employee name _____

Signature: _____ **Date:** ____ / ____ / ____

Assisting Person/ Authorized Representative: Name: _____ **Signature:** _____ **Date:** ____ / ____ / ____

If your *Assisting Person* is part of an organization helping you apply for assistance, please list the organization below.

Organization name: _____ **Address: City:** _____ **State:** _____ **Zip Code:** _____

To Be Completed by Agency Staff Only:

Office Use Only:

Date Application Received: ____ / ____ / ____
Date Application Completed: ____ / ____ / ____
Application Status: Approved Denied Date: ____ / ____ / ____
Eligibility Period: ____ / ____ / ____ to ____ / ____ / ____

Number in Household: _____
Total Annual Income: _____
Income Verification: No Income Statement Check Stub Accent
 Award Letter Other (specify) _____

Intake Worker Signature: _____ **Date:** _____

Metropolitan Action Commission does not discriminate on the basis of race, national origin, sex, age, disability, ancestry, status as a Veteran, or any other characteristics protected by Federal, State, or Local laws will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of its program activities and employment.

