

# METROPOLITAN ACTION COMMISSION

## Fan & Air Conditioner Application MAY 1, 2021-AUGUST 31, 2021

**\*PLEASE REVIEW PROGRAM REQUIREMENTS AND REQUIRED DOCUMENTS BEFORE SUBMITTING THIS APPLICATION\* (SEE BACK PAGE)**

**APPLICANT IS APPLYING FOR: (PLEASE CHECK ONE)  FAN  AIR CONDITIONER**

### APPLICANT INFORMATION

Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Level:
<b>Marital Status (Check one)</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<b>Race (Check one):</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Mid-Easterner <input type="checkbox"/> Two or More Races Other:

### OTHER MEMBERS OF HOUSEHOLD

<b>Name:</b>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Applicant:
Date of Birth:	SSN:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Level:	Race:
Monthly Income:		
<b>Name:</b>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Applicant:
Date of Birth:	SSN:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Level:	Race:
Monthly Income:		

**\*If you need additional space for other members of household, please ask for an additional member sheet\***

### FAMILY TYPE

<input type="checkbox"/> Single Parent Female	<input type="checkbox"/> Single Parent Male	<input type="checkbox"/> Two Parent Household
<input type="checkbox"/> Single Person	<input type="checkbox"/> Two Adults <b>No</b> Children	<input type="checkbox"/> Other

### INCOME

<b>Monthly Income:</b> \$ _____	<b>Source of Income (check all that apply)</b> <input type="checkbox"/> No Income <input type="checkbox"/> SSI <input type="checkbox"/> Employment <input type="checkbox"/> SS <input type="checkbox"/> Child Support <input type="checkbox"/> SSDI <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Families First	<b>Monthly Rent or Mortgage Amount:</b> \$ _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Section 8
<b>How often are you paid?</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly		

### SIGNATURE

\_\_\_\_ I certify to the best of my knowledge all of the information given by me is true and correct. I also authorize the verification of any and all information for the purpose of certification and for assistance. I understand that if I withhold any information or submit false 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.

\_\_\_\_ I certify that I have not received an air conditioner from Metropolitan Action Commission within the last four years.

\_\_\_\_ I certify that I have not received a fan from Metropolitan Action Commission within the last three years.

Signature of applicant:	Date:
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**OFFICE USE ONLY:** (Applicant do not complete)

\_\_\_\_\_  
Family and Community Service Team Member

\_\_\_\_\_  
Date

## Program Requirements for the Metropolitan Action Commission Fan and Air Conditioner Program

Customers seeking assistance with an Air Conditioner must be:

1. Senior Citizen-age 62 and above
2. Physical Disability/Disabled
3. Have a child in household under 6 years of age with a severe medical condition

### Required Documents

1. Social Security card or printout for all household members
2. Current proof of income for everyone in the household for the past 8 weeks (Must be Income Eligible)
  - ✓ If you're paid biweekly, submit 4 current check stubs
  - ✓ If you're paid weekly, submit 8 current check stubs
3. Physical Disability/Disabled- submit proof of SSDI or SSI income AND Letter of Need from a physician
4. Child under 6 with a severe medical condition- Letter of Need from a physician

Note: Customers who receive an Air Conditioner this year will not be eligible again for FOUR (4) years.

Customers who receive a Fan this year will not be eligible for THREE (3) years.

### 2021 Income Guidelines

Members in Household	Annual Income Limit	
1	\$23,852	Metropolitan Action Commission Community Services Division P.O. Box 196300 Nashville, TN 37219-6300 Phone: 615-862-8860
2	\$31,191	
3	\$38,530	
4	\$45,869	
5	\$53,208	
6	\$60,547	
7	\$67,886	
8	\$75,225	
For family units with more than 8 members, add \$7,339 annually		