

Metropolitan Action Commission
Low Income Home Energy Assistance Program Application (LIHEAP)
October 1, 2020 through September 30, 2021

TYPE OF ASSISTANCE YOU ARE APPLYING FOR: (Please check one):

Energy Assistance Electric Gas Other (wood, propane)
 Crisis Assistance (please state crisis situation): _____

Name of Energy Supplier: _____

Name on Bill: _____

Account Number: _____

APPLICANT INFORMATION (PRINT ONLY)

Your Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	SSN:	Phone:
Street Address:		City: Zip Code:
Source of Income: <input type="checkbox"/> No Income <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> VA benefits <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Families First <input type="checkbox"/> Child Support		
How are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		Amount:
Your Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Section 8 Amount: \$_____	Are You Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO	Health Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO
Education: <input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> 12+ Post-Secondary (Choose one: <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> Master <input type="checkbox"/> Doctoral)		
Are you: <input type="checkbox"/> Employed <input type="checkbox"/> In job training or other training <input type="checkbox"/> Retired <input type="checkbox"/> Seeking employment <input type="checkbox"/> Not employed <input type="checkbox"/> Veteran		
Do you need English as a Second Language classes to get a job or to advance on your current job? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race (mark ONE answer): <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/ Pacific Islander <input type="checkbox"/> Mid-Easterner <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other:		
Marital Status (Check one): <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
Household Type: <input type="checkbox"/> Single Person <input type="checkbox"/> Two- Parent Household <input type="checkbox"/> Single Parent /female <input type="checkbox"/> Single Parent/ Male <input type="checkbox"/> Two Adults/ No Children <input type="checkbox"/> Other _____		

OTHER PEOPLE WHO LIVE IN THE HOME

Name:	Relationship to Applicant:		
SSN:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Health Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO
Monthly Income:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education:	Race:
Name:	Relationship to Applicant:		
SSN:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Health Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO
Monthly Income:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education:	Race:
Name:	Relationship to Applicant:		
SSN:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Health Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO
Monthly Income:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education:	Race:
Name:	Relationship to Applicant:		
SSN:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Health Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO
Monthly Income:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education:	Race:

If you need additional space for other members of household, please ask a family development specialist for an additional member sheet form.

How many people living in the home are the following ages?: _____ Under 1 year _____ 12-23 months _____ 2 years
_____ 3 years _____ 4 years _____ 5 years _____ 65 years or older How many are disabled (any age): _____

Do you have a child or children enrolled in Head Start? Yes No (circle answer)

How far is the nearest Head Start center or child care center to your home? (place a check mark below)

_____ 5 miles or less _____ More than 5 miles but less than 10 miles _____ More than 10 miles but less than 15 miles
_____ 15 miles or more _____ I don't know

How do you get around meeting your basic needs? Car Bus Ride with family or friend Other _____

Please check the services that are needed to improve your family's well-being:

- Employment Financial Security/Income
- Education Child Care Housing Parenting Parent Engagement
- Medical/Dental Care Mental Wellness & Family Stress Health & Safety (FOOD)
- Transportation Community Resources

Has your residence been insulated under the Weatherization Program by MDHA? Yes No
If not, are you interested? Yes No

PLEASE CHECK EACH BOX TO VERIFY THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT AND ANSWER (YES OR NO) THE LAST QUESTION. INCOMPLETE APPLICATIONS OR FAX APPLICATIONS WILL NOT BE PROCESSED.

- 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
 - 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 understand that I will be notified of whether this application has been accepted or rejected. I understand that notification for acceptance of my application does not guarantee I will receive the requested assistance within any certain time period. I also understand that I may appeal any decision to reject my application in accordance with the grievance procedures outlined by the Metro Action Commission.**
 - I certify that from **October 1, 2020 through September 30, 2021** neither I, nor any member of my household received LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) services from a Tennessee LIHEAP agency. Regardless as to whether this application is ultimately accepted or rejected by the Metropolitan Action Commission, I understand that paying my utility bill remains my responsibility. The Metropolitan Action Commission reserves the right to reject my application for assistance. Should the Metropolitan Action Commission accept my application and provide the requested assistance, such action shall not constitute accepting responsibility for maintaining my account.
 - To the fullest extent permitted by law, 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 attest under penalty of perjury that the applicant is either a United States citizen or a qualified alien as defined by U.S.C. 1641(b).
- I agree that the information contained in this application may be shared with other agencies from which I seek additional services. Yes No**

Signature of applicant: _____ Date: _____

For additional information on completing the application please call (615) 862-8860.

***If you have worked less than four (4) consecutive weeks you will need to provide a letter (On Company Letterhead that includes the following information*) DATE HIRE, HOW MANY HOURS WORKED PER WEEK, HOURLY WAGE, HOW OFTEN YOU ARE PAID. No Bank Statements accepted as proof of income, No faxed or email documents accepted**
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FY 2020-21 INCOME GUIDELINES

Members in Household	Annual Limit	Metropolitan Action Commission
1	\$23,852	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

rev.9/30/20

Please attach copies of the following documents:

- **All applicants (meaning the head of the household applying for service) must provide a (valid) government-issued identification.** Government-issued identification includes, but is not limited to Driver's License, Passport, State or Federal Identification Card, Military ID, Birth Certificate, Voters Registration Card.
- **Current, Active Bill & 12- month bill usage history** from energy supplier i.e. Nashville Electric Service, Piedmont Natural Gas, etc.
- **Current** proof of income for all members of household for the past 4 weeks (Supplemental Security Income (SSI), Department of Human Services award letter, Child Support, Payroll Check Stubs (employment)- *(2 pay stubs if paid bi-weekly or 4 paystubs if paid weekly)*)
- Social Security Cards verification for all household members (assistance will be **Denied** due to refusal to provide Social Security number verification for **All** household members)

OFFICE USE ONLY (Applicant do not complete)

Community Program Staff

Date