

METROPOLITAN ACTION COMMISSION

Fan & Air Conditioner Application

May 1, 2016-August 31, 2016

***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:
Marital Status (Check one) <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Race (Check one): <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

Name:	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:		
Name:	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 No Children	<input type="checkbox"/> Other

INCOME

Monthly Income: \$ _____	Source of Income (check all that apply) <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	Monthly Rent or Mortgage Amount: \$ _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Section 8
How often are you paid? <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)

Community Service Staff

Date

Program Requirements

Customers seeking assistance with an Air Conditioner must be:

1. Senior Citizen-age 62 and above
2. Disabled or Handicapped
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. Disable/Handicapped- 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.

Income Guidelines (FY 2016)

Members in Household	Monthly Limit	Annual Limit	Metropolitan Action Commission Community Services Division P.O. Box 196300 Nashville, TN 37219-6300 Phone: 615-862-8860
1	\$1,471.25	\$17,655	
2	\$1,991.25	\$23,895	
3	\$2,511.25	\$30,135	
4	\$3,031.25	\$36,375	
5	\$3,551.25	\$42,615	
6	\$4,071.25	\$48,855	
7	\$4,591.25	\$55,095	
8	\$5,111.25	\$61,335	

For family units with more than 8 members, add \$6,240 annually