

Metropolitan Action Commission
Low Income Home Energy Assistance Program Application (LIHEAP)
October 1, 2015 thru September 29, 2016

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: Male Female

Date of Birth: _____ SSN: _____ Phone: _____

Street Address: _____ City: _____ Zip Code: _____

Source of Income: No Income Employment Social Security SSI/SSDI Unemployment Benefits VA benefits
 Pension/Retirement Families First Child Support

How are you paid? Weekly Bi-Weekly Semi-Monthly Monthly Amount: _____

Your Home: Own Rent Section 8 Amount: \$ _____ Are You Disabled? YES NO Health Insurance: YES NO

Education: No High School Some High School GED High School Diploma
 12+ Post-Secondary (Choose one: AA/AS BA/BS Master Doctoral)

Are you: Employed In job training or other training Retired Seeking employment Not employed

Do you need English as a Second Language classes to get a job or to advance on your current job? Yes No

Race (mark ONE answer): Caucasian African-American Hispanic Asian Hawaiian/ Pacific Islander
 Mid-Easterner American Indian/Alaska Native Two or More Races Other: _____

Marital Status (Check one): Married Never Married Divorced Widowed Separated

Household Type: Single Person Two- Parent Household Single Parent /female
 Single Parent/ Male Two Adults/ No Children Other _____

OTHER PEOPLE WHO LIVE IN THE HOME

Name: _____ Relationship to Applicant: _____
SSN: _____ Date of Birth: _____ Sex: M F Health Insurance: YES NO
Monthly Income: _____ Disabled: Yes No Education: _____ Race: _____

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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): _____

How far is the nearest Head Start center or child care center to your home?(circle answer) Head Start Child Care
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 to meet 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 Education Child Care Housing Nutrition
 Legal Services ESL classes Health Emergency Services
 Budget/Financial Management Other _____

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, 2015 through September 29, 2016** 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: _____

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FY 2016 INCOME GUIDELINES

Members in Household	Annual Limit	Metropolitan Action Commission Community Services Division
1	\$17,655	P.O. Box 196300
2	\$23,895	Nashville, TN 37219-6300
3	\$30,135	Phone: (615)862-8860
4	\$36,375	
5	\$42,615	
6	\$48,855	
7	\$55,095	<i>For family units with more than 8 members, add \$6,240 annually</i>
8	\$61,335	

Please attach copies of the following documents:

- Current and Active Bill
- Twelve 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 8 weeks (Supplemental Security Income (SSI), Department of Human Services award letter, Child Support, Payroll Check Stubs (employment)- (4 pay stubs if paid biweekly or 8 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