








This application may be used to apply for all programs and services the Metropolitan Action Commission offers. The information provided will determine your eligibility for MAC programs and services. Additional information may be required for each specific program. Go to the next page for a list of required documents. To apply online or learn more about MAC's programs and services visit our website at www.nashville.gov/mac or contact our office at **615-862-8860**.

	<p>Use this Application to see what programs and services you may be eligible to receive.</p>	<p>Apply for all Programs and Services offered by MAC for low-income individuals and families. To learn more about MAC's programs and services visit our website at www.nashville.gov/mac</p>
	<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. <i>Immigrant families: You can apply for your child even if you are not eligible. Applying for assistance will <u>not</u> affect your immigration status or chances of becoming a permanent resident or citizen.</i>
	<p>Why do we ask for this information?</p>	<p>We ask about income and other information to determine what assistance or services you may be eligible to receive. To meet program specific requirements, you may be asked for additional information.</p> <p>The information you provide is kept private and secure, as required by law.</p>
	<p>How do I apply?</p>	<p>You may apply online, by mail, or in person at the MAC Customer Care Center located at 1281 Murfreesboro Pike, Monday – Friday, 8 am – 3 pm.</p> <p>**If you need assistance, please call us at 615-862-8860, or come into the office at 1281 Murfreesboro Pike, Nashville, TN 37217. **</p> <p>Online: If you have all your required documents, you can apply online using the MAC self-service portal. The portal is available 24/7 to apply online, upload documents, report changes, and check the status of your application. To access the portal, visit our website at www.nashville.gov/mac.</p> <p>Mail: Submit or send your completed, signed, and dated application and all required documents together in one envelope to: P.O. Box 196300, Nashville, TN 37219-6300</p>
	<p>What if you do not have <u>all</u> the information needed for the Application?</p>	<p>Failure to provide the required information may delay the processing of your application. After we receive your application, we will review the information to determine if additional information is needed. We may send a letter requesting additional information or documents. Go to the next page for a list of required documents.</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.

Did you include all the documents needed with your application?

	<p>Documents required for <u>all</u> services (based on the assistance needed):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Metropolitan Action Commission Application for Services FY 2025 - 2026 completed, signed, and dated. <input type="checkbox"/> Identification: Valid government-issued ID for the applicant (i.e., driver's license, state or federal ID card, passport, birth certificate, military ID, voter's registration card). <input type="checkbox"/> Social Security Cards for <u>all</u> household members (or legal residency/immigrant verification). <i>[Not all programs and services provided by MAC require household members to be citizens or qualified aliens.]</i> <input type="checkbox"/> Proof of Income (i.e., pay stubs, unemployment benefits, W-2 / 1099 forms, bank statements, or annual SSI/SSDI award letter) for <u>all</u> household members 18 years or older for the last 30 days/month <ul style="list-style-type: none"> <input type="checkbox"/> Loss of Income: Some services also require proof of the loss or reduction of income (work separation letter, doctor's note for medical reasons, etc.) <input type="checkbox"/> Self-Employment Income Form completed for the past 30 days when self-employed. <input type="checkbox"/> Verification of Income and Expenses Form <u>must</u> be submitted if you have <u>no</u> income. Go to www.nashville.gov/mac to download a copy of the form. 	
	<p>Additional Documents required for specific programs and services:</p>	<p>EMPLOYMENT / TRAINING</p> <ul style="list-style-type: none"> <input type="checkbox"/> GED / High School Diploma <p>HOMELESS ASSISTANCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral Letter documenting homelessness from a case manager, non-profit agency, or church/temple/mosque <input type="checkbox"/> Welcome Home Letter from landlord (includes address, and move-in fees (deposits)) <input type="checkbox"/> New Service Letter (also known as the "denial" letter) for utility deposits. <p>PRESCRIPTION ASSISTANCE (i.e., Medication and/or Nutritional Supplement)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Prescription from a doctor (within 30 days) <input type="checkbox"/> Proof of Loss of Income 	<p>RENT or MORTGAGE ASSISTANCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of Loss of Income <input type="checkbox"/> Landlord / Mortgage Letter, or Late Notice from your landlord or mortgage company <input type="checkbox"/> Rent Ledger from Landlord <p>WATER ASSISTANCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current bill (water, sewer) <input type="checkbox"/> Proof of Loss of Income <p>PROPERTY TAXES for persons 60+ years old:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Past due tax statement with the applicant's name



Last Name: _____ **First Name:** _____ **Phone #:** (____) _____

Street Address: _____ **City:** _____ **State:** TN **Zip:** _____ **Email:** _____

Mailing Address: _____ **May we contact you via email or text?** Yes No _____
(If different than Street Address)

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

Help paying:

Mortgage Assistance Property Tax Coaching (i.e., Financial Literacy, Supportive Services)

Rental Assistance Water Bill Digital Technology / Literacy (i.e., technology, internet, classes)

Homeless Assistance: (i.e., rent and/or utility deposits) Early Childhood Education (i.e., Pregnant mothers & children from birth to age 5)

Prescription Assistance (medication and/or nutritional supplement) Adult Education (i.e., Earn the equivalency of a High School Diploma)

Employment / Training (i.e., resumes, job search, training)

Summer Cooling Program (May 1 to August 30 only)

Statement of Need: (Explain your current situation / plan moving forward)

1. Household Member Information

Complete the Household Member Information section for each household member. Begin the list with the 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 provide race/ethnicity information. Providing or not providing this information will not affect your eligibility or benefit level.

RACE: A – Asian, B – Black/African American, H – Native Hawaiian/Other Pacific Islander, I – American Indian/Alaskan Native, W – White, M – Multiracial, O – Other, E – Elect not to Share

GENDER: M – Male, F – Female, E – Elect not to Share

HEALTH INSURANCE: D – Direct Purchase / Private Insurance, E – Employment Based, I – Indian Health Insurance, M – Military Health Care, MC – Medicare, MD – Medicaid, C – CoverKids, T – TennCare, N – No Health Insurance

EDUCATION LEVEL: P/K – Pre-School, K-12 – Enrolled in K-12 list grade, N – No HS, list grade last enrolled, HS – High School Diploma/GED, C – Certificate, PS – Enrolled in post-secondary education or other vocational training/certification, G – Associate or Bachelor degree, GR – Graduate School or above

TYPE OF INCOME: FT – Full-Time Employment, PT – Part-Time Employment, M – Migrant Farmer, SE – Self-Employed, A – Alimony, CH – Child Support, P – Pension, SSI/SSDI/SS – Social Security, VA – VA Benefits, F – Family Support, N – None, if \$0.

Name (Start with yourself)	Relation to Applicant	Date of Birth	Social Security Number	Race	Hispanic/Latino	Gender	Disabled	Active Duty or Veteran	Type of Health Insurance	Education Level	Type of Income	Is the Income Reliable	Gross Income
1.	Self	/ /			Y N		Y N	Y N				Y N	
2.		/ /			Y N		Y N	Y N				Y N	
3.		/ /			Y N		Y N	Y N				Y N	
4.		/ /			Y N		Y N	Y N				Y N	
5.		/ /			Y N		Y N	Y N				Y N	

How many people live in your home? _____ (If you need space for more members, please ask for the Additional Household member sheet).

Total Household Income \$ _____

Metropolitan Action Commission does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, sex, religion, creed, disability, or any other classifications protected under applicable Federal, State, or Local laws in the admission, access, or operations of its programs and services. Not all bases apply to all programs or services. (Go to the next page)



2. Household Information

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

Marital Status

What is your marital status?

- Single Divorced
 Married Widowed

Household Type

What is your current household type?

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

Foster Care

Are any of the children in the household in foster care?

- Yes No

If Yes, please list child(ren)'s name(s):

Housing Situation

What is your housing status?

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

Medical / Benefits

What benefits do you have?

- Sick leave benefits.
 A retirement plan that includes health insurance.

Do you have a copay for your medications?

- Yes No

Do you (or any household members) often go without medication due to a lack of money?

- Yes No

Childcare

I do not have any minor children

Do you have childcare?

- Yes No

Is it reliable?

- Yes No

Is it affordable?

- Yes No

Is it appropriate?

- Yes No

My child/children:

- Participate in Head Start / Early Head Start at (which location): _____
 Are in school with appropriate after-school care.
 Are in school without appropriate after-school care.
 Are provided care by a friend or family member.
 Other: _____

My childcare costs:

I pay for childcare: \$ _____ / week.

Type of care: _____

I have subsidized childcare (certificate/voucher)

I do not have affordable childcare options.

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

Are the household's needs met through food banks /commodities?

- Yes No

Transportation

Do you have transportation? Yes No

Is it reliable?

- Yes No

Which best describes your access to transportation?

- Bike Car Bus Uber/Lyft
 Ride with family or friends
 Other _____

Supports:

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

If Yes, please list name and type of support:

2. Household Information (Continued)

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

Benefits Information / Categorical Eligibility

Has anyone in your household received any type of the following benefits within the last 12 months? Yes No

Families First (TANF)

Head Start/Early Head Start (HS/EHS)

National School Lunch Program (*free or reduced lunch*)

Supplemental Nutrition Assistance Program (SNAP)

Unemployment (UI)

Women, Infants, and Children (WIC)

Housing Assistance

Continuum of Care (CoC)

Emergency Rental Assistance (ERA or HOPE)

Housing Choice Voucher (HCV)

Section 8, VASH Rental Assistance

Other Program Assistance

Mortgage / Rental Assistance:

Heating and Cooling Bills

(*i.e., electric, gas, wood, propane*)

Water Bills

If you receive financial assistance, please specify the type and amount

Type: _____ Amount: \$ _____

Type: _____ Amount: \$ _____

Type: _____ Amount: \$ _____

Type: _____ Amount: \$ _____

3. Program Information

Please complete the *Program Information* if you need assistance paying for any of the following: (1) rent (2) mortgage. *If not, Go to the next section.*

Basic Eligibility Determination Questions

Have you or someone in your household had a loss of income?

Had a reduction in work hours?

Have your bills significantly increased?

Was the loss of income, or reduction of work hours due to no fault of your own?

Yes No

Financial Hardship: (*Describe your household's financial hardship.*)

Rent / Mortgage Information

What is your monthly Rent/Mortgage? \$ _____

Total Amount of Rent / Mortgage Owed \$ _____

Have you received a late rent notice or detainer warrant? Yes No

Has the landlord received a judgment for eviction? Yes No

Court Date /Date You Must Vacate By ____ / ____ / ____

If you answered Yes to either question, please provide the document.

Lease Start Date ____ / ____ / ____ Mortgage Due Date ____ / ____ / ____

Date Rent/Mortgage Became Delinquent ____ / ____ / ____

Landlord Information

Name of Apartment Complex _____

Name of Landlord / Property Manager _____

Address: _____

City: _____ State: TN Zip: _____

Phone #: (_____) _____

Email Address: _____

(Go to the next page)

3. Program Information (Continued)

Please complete the **Program Information** if you need assistance paying for any of the following:

(1) Heating/Cooling Bill such as electric, gas, wood or propane, (2) Water/Sewer Bill, or (3) Both Heating/Cooling and Water/ Sewer.

If not, Go to the next section)

Water/ Sewer Assistance

Do you need help paying your water bill? Yes No

If No, please skip to the next section.

Please check **only one** of the following:

- My water services have been disconnected.
- I have received a disconnect notice
- 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 bills, but I struggle to maintain expenses due to uncontrollable situations.

Name of Water Service Supplier: _____

Account Number: _____

Name on the Bill: _____

Name of Sewer Service Supplier: _____

Account Number: _____

Name on the Bill: _____

Weatherization Assistance

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

If not, are you interested? Yes No

4. 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.

Authority & Purpose: I hereby allow the Metropolitan Action Commission (MAC), its agents, employees, or partners to request information from all housing, utility, and income providers/sources listed on MAC's application. I agree that copies of this authorization may be used for the purposes stated above. This includes sharing information with other agencies and their representatives to determine eligibility, enroll you in our programs and services, and provide information and referrals to our community partners.

I shall be notified in writing of my eligibility status within the time period acknowledged to me by MAC policies, and the right to appeal any such decision. Identifying information provided for determination of my eligibility for the provision of services from the program will be considered confidential, unless otherwise authorized or required by law, and will not be shared with any other persons or agencies, except for the purposes directly related to the administration of the provision of programs and services, unless otherwise authorized or required by law.

Sources of Information to be Obtained: Wages, leases, rent rolls/ledgers, rent amounts, rent arrearages, detainer warrants, eviction notices, lease terminations, other landlord notices, utility information and arrearages, and verification of payments and services rendered.

Individuals or organizations that may release information: Employers, Landlords, Management Companies, Utility Providers, Legal Services, and other community service agencies.

5. 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.

Consent: I consent all MAC, its agents, employees, and partners to request and obtain information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits.

By signing this consent form, you are authorizing MAC, its agents, employees, or partners to request information from the sources listed on this application in order to make eligibility determinations.

I authorize the verification of any and all information provided herein to determine my eligibility. **Do you agree?** **Yes** **No**

Citizenship or Qualified Alien: I attest under penalty of perjury that all persons applying for or receiving aid are either a United States Citizen or qualified alien as defined by 8 U.S.C. 1641(b), or eligible immigrants. *[Note: Not all programs and services provided by MAC require household member(s) to be a citizen or qualified alien.]*

Attestation: I swear under penalty of perjury (a crime for lying under oath) and all other applicable penalties that the statements, both written and verbal, made on this application, any attachments and to whoever interviewed me are 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, forever discharge, indemnify, and hold harmless, the Metropolitan Government, its officers, agents, employees, and volunteers from and against any and all liabilities, claims, damages, demands, attorneys fees, 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.

Is any member of your household or immediate family employed by the Metropolitan Action Commission? **Yes** **No**

If yes, please list the employee's name _____

Signature of Head of Household: _____ **Date:** ____ / ____ / ____

If someone is helping you apply for assistance, please have the *Assisting Person* sign, date, and provide the contact information below:

Assisting Person/ Authorized Representative:

Name: _____ **Organization Name:** _____

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

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

Metropolitan Action Commission does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, sex, religion, creed, disability, or any other classifications protected under applicable Federal, State, or Local laws in the admission, access, or operations of its programs and services. Not all bases apply to all programs or services.



To Be Completed by Agency Staff Only:	
Office Use Only:	
Household Name: _____	HHID: _____ CPID: _____
Date Application Received: ____ / ____ / ____ Date Application Completed: ____ / ____ / ____ Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: ____ / ____ / ____ Eligibility Period: ____ / ____ / ____ to ____ / ____ / ____	Number in Household: _____ Federal Poverty Level (%) _____ Total Annual Income: _____ Area Median Income (%) _____ Income Verification <input type="checkbox"/> Check Stub: <input type="checkbox"/> Tax Statement <input type="checkbox"/> EBMS <input type="checkbox"/> Award Letter <input type="checkbox"/> Zero Income Form <input type="checkbox"/> Other (specify) _____
Intake Worker/Determining Agency Official Signature: _____ Date: ____ / ____ / ____	

