



Mid-Cumberland Community Action Agency Application for Services

Application Received Date:

Last Name: _____ First Name: _____ Phone Number: _____

Street Address: _____ Mailing Address: _____
(If Different than Street)

City: _____ State: TN Zip: _____ County: _____ Email: _____

HOUSING INFORMATION: ☐ Rent ☐ Own ☐ Homeless ☐ Public Housing ☐ Temporary living with family/friends ☐ Housing Choice Voucher/Section 8 ☐ HUD-VASH ☐ Other

NEED APPLYING FOR: ☐ Energy ☐ Water ☐ Medical ☐ Food/Personal Hygiene ☐ Utility ☐ Housing ☐ Other _____

Have you received a TEFAP commodity box or are you interested in receiving a TEFAP commodity box? ☐ Yes ☐ No

Has your home ever been served under our Weatherization Assistance Program? ☐ Yes ☐ No Are you interested in our Weatherization Assistance Program? ☐ Yes ☐ No

Information of each Household Member

Begin list with Head of Household, then spouse, then oldest child, etc.

By providing Race/Ethnicity information, it helps show if Tennessee is following civil rights laws. Please use the following to indicate race: **W** = White, **B** = Black/African American, **A** = Asian, **H** = Native Hawaiian/Other Pacific Islander, **I** = American Indian/Alaskan Native (Your household is not required to give us this information and it will not affect your eligibility or benefit level.)
INSURANCE: **MC**- Medicare, **MD**- Medicaid, **S**- State Chip, **SI**, State insurance for adults, **M**- Military, **D**- Direct Purchase, **E**- Employment Base, **N**- No Health Insurance, **I**-Indian Health Insurance

Name	DOB	(Inability or Refusal to provide SSN may result in denial, unless child under 1 yr. old) Full S.S.#	Ethnicity/Race	Hispanic/Latino	Sex M/F	Disabled	Veteran	WIC	Child Care Voucher	Health Ins	Type of Health Ins	Educ Lev	Relation To the Applicant	Income Source	Mthly Income
1.	/ /	- -		Y N		Y N	Y N	Y N	Y N	Y N					
2.	/ /	- -		Y N		Y N	Y N	Y N	Y N	Y N					
3.	/ /	- -		Y N		Y N	Y N	Y N	Y N	Y N					
4.	/ /	- -		Y N		Y N	Y N	Y N	Y N	Y N					
5.	/ /	- -		Y N		Y N	Y N	Y N	Y N	Y N					
6.	/ /	- -		Y N		Y N	Y N	Y N	Y N	Y N					
7.	/ /	- -		Y N		Y N	Y N	Y N	Y N	Y N					
8.	/ /	- -		Y N		Y N	Y N	Y N	Y N	Y N					

Is any member of your household or immediate family employed by Mid-Cumberland Community Action Agency? **YES** or **NO** ? If yes, please list employee name _____

I certify that all of the information provided by me is true and correct. I authorize the verification of any and all information provided for the purpose of certification and for assistance, and **DO** or **DO NOT** agree that the information contained in my application may be shared with other agencies from which I seek additional services I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is liable to prosecution under applicable criminal laws. I certify that I have been informed of the appeal process under provisions of this agency and that I shall be notified (written or verbal) of my eligibility status within the time period acknowledged to me by MCCA personnel. I attest under penalty of perjury that the applicant is either a United States Citizen or qualified alien as defined by 8 U.S.C. 1641(b).

Applicant Signature: _____ Date: _____

Mid-Cumberland Community Action Agency does not discriminate on the basis of race, national origin, sex, disability, or age in its programs, activities and employment

