



# 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	<i>(Inability or Refusal to provide SSN may result in denial, unless child under 1 yr. old)</i> 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*



MID-CUMBERLAND  
COMMUNITY ACTION AGENCY  
*Helping people. Changing lives.*

# LIHEAP

Circle **ONLY** the source of energy you want assistance with and the supplier who provides your services

Electric      Natural Gas      Coal      Wood      Kerosene      Fuel Oil      LP Propane

**Utility/Energy Supplier Name:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**In the event you are approved during the year that you would not use the above vendor or energy source, please provide your electric company information below**

**Utility/Energy Supplier Name:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**I have \_\_\_\_\_ or have not \_\_\_\_\_** received LIHEAP since October 1 2022 through any Tennessee LIHEAP agency. If yes, which agency provided the assistance?

I certify that all of the information provided by me is true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of LIHEAP assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge I have been informed of the appeal process under provisions of the Low-Income Home Energy Assistance Program. 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 USC § 1641(b), or eligible immigrants. I understand that I will be notified in writing of my eligibility status. Identifying information provided by you for determination of your eligibility for LIHEAP and for the provision of services from the program will be considered confidential, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the program (LIHEAP). I am the customer of record, the customer's authorized agent, or an authorized third party for the utility service account identified in this application, and I authorize my utility service provider to disclose my customer data as requested by the LIHEAP administering agency.

Client Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**\*If applicant does not have energy burden, they are not eligible for assistance\***

### **Grievance Procedures-Appeal Process**

If a client wishes to appeal a decision they can follow the procedure outlined below. An individual filing a grievance may do so within 30 days of denial of services by contacting the Community Service Director who will review the file and respond to the grievance. The Community Service Director will assist the individual within 15 working days of being contacted and have the client fill out the agency form. The grievance will be addressed within 15 days of being contacted. If the customer is still dissatisfied with the decision made by the Community Service Director, he/she may request a review of the decision by the appropriate funders, including the Tennessee Housing and Development Agency (THDA) or Tennessee Department of Human Services (DHS).