

2022 CSBG Poverty Guidelines Per Year

Persons in family/ household	125% Poverty Guideline	200% Poverty Guideline
1	16,988	27,180
2	22,888	36,620
3	28,788	46,060
4	34,688	55,500
5	40,588	64,940
6	46,488	74,380
7	52,388	83,820
8	58,288	93,260
9	64,188	102,700
10	70,088	112,140
11	75,988	121,580
12	81,888	131,020
13	87,788	140,460
14	93,688	149,900

2022 CSBG Poverty Guidelines Per Month

Persons in family/ household	125% Poverty Guideline	200% Poverty Guideline
1	1,416	2,265
2	1,907	3,052
3	2,399	3,838
4	2,891	4,625
5	3,382	5,412
6	3,874	6,198
7	4,366	6,985
8	4,857	7,772
9	5,349	8,558
10	5,841	9,345
11	6,332	10,132
12	6,824	10,918
13	7,316	11,705
14	7,807	12,492



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



CSBG Application for Services

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

I am currently in need of the following assistance:

Please tell us why you need assistance:

Supports:

Do you have other family, community, or agency supports? Yes No If yes, please explain:

Applicant Certification

I certify that all of the information provided by me is true and correct. 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. I understand that I will be notified in writing of my eligibility status. Identifying information provided by you for determination of your eligibility for CSBG 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 the purposes directly related to the administration of the CSBG 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 U.S.C § 1641(b), or eligible immigrants. I swear under penalty of perjury (a crime for lying under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of CSBG assistance is liable upon conviction of a fine of \$10,000 or imprisonment for not more than five years, or both.

I do _____ or do not _____ agree that the information contained in my application may be shared with other agencies from which I seek additional services.

Applicant/Head of Household Name _____

Applicant Signature: _____ Date: _____

If representative for the Applicant, give name, relationship, and reason for signing: _____

No person on the basis of race, color, national origin, sex, age, disability, ancestry, status as a veteran, or any other characteristics protected by Federal, State, or Local Laws will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of any Mid- Cumberland Community Action Agency program.

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).



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

STATEMENT OF SUPPORT
Mid-Cumberland Community Action Agency

I, _____, do hereby certify that during the period of _____

(Support Person)

to _____ that I provided the following support to: _____

(Client Name)

I, _____ do hereby certify that during the period of _____

(Client Name)

to _____ I have received Zero Income.

I further certify that I have received Zero Income and cannot obtain any proof of Zero Income for the period stated above, and this is a true and complete statement to the best of my knowledge. I further understand that knowingly giving false information for the receipt of the Low Income Home Energy Assistance or any other Program benefits is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five (5) years, or both.

Type of Support Provided:

- Food
- Clothing
- Rent
- Gifts* (specify) _____
- Other (Specify) _____

*Gifts are contributions of cash, goods, or basic services for basic necessities, which are made without any commitment for repayment.

Relationship of Support Person to Client _____

Address of Support Person _____

Telephone Number of Support Person _____

Is this support expected to continue at any point in the near future? _____

Signature of Support Person _____

Signature of Client _____

Date of Verification by Agency Rep _____

WAP Job # _____



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

Dear Potential Partner,

Thank you for considering partnering with us. One of your customers is in need of assistance. In order for us to help them, we need to share some information with you.

Here is what you need to know:

≈ We work on the **voucher** system. If the client qualifies for rent or utility service, we will email a voucher to you.

You can expect a check from us for the amount of the voucher within 90 business days.

≈ In order to issue you a check we need three things from you:

1. The **Vendor Agreement** signed.
2. The **W-9** with YOUR tax information signed.
3. The **Bill, Rent/Mortgage or First Month-Deposit Rent Statement** with the CLIENT'S information, including what they owe or the price of the item for which we are providing payment.

All three of these items need to be completed and returned to:

CSBG@midcumberland.org

≈ Once we have these three items, then:

1. We will be able to provide assistance to qualifying clients.
2. A voucher will be sent to you.

If you have any questions about the process or need further information please feel free to contact me.

Thank you for helping us to help those in our community.

Regards,

Katie Lee
Community Services Director
(615) 742-1113, ext. 2033



Weatherization Works



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

Mid-Cumberland Community Action Agency

P.O. BOX 1999 Mt. Juliet, TN 37121

Ph: 615.742.1113

Vendor Partnership Agreement

This agreement is between Mid-Cumberland Community Action Agency and

Name of partnering vendor

I. Mid-Cumberland Community Action Agency

MCCAA provides a variety of services designed to improve the quality of life and promote Self-Sufficiency for the low-income, elderly and disabled population throughout Middle Tennessee.

The Community Services Block Grant is a federal block grant that funds many of the services that MCCAA provides directly to individuals. MCCAA provides CSBG services in Cheatham, Robertson, Rutherford, Sumner, Trousdale, Williamson, and Wilson Counties.

On average, MCCAA provides services to over 5,000 households on an annual basis.

II. Understanding of Partnership

Partnerships are crucial to the success of Community Action as it is only through partnerships that MCCAA is able to provide services. By partnering with MCCAA, you can help to get much needed services to the most vulnerable populations of the community.

III. MCCAA's responsibilities to the VENDOR:

- a. MCCAA will issue VOUCHERS to eligible clients. A VOUCHER is, in essence, a promise to pay the amount indicated on the VOUCHER on the behalf of the client directly to the VENDOR (partner).
- b. MCCAA will honor all VOUCHERS that have been properly processed.
- c. **Payment for properly processed vouchers should be received by VENDOR in 90 business days.**
- d. Payments are always made directly to the VENDOR in the form of a check. Payments are never made to the client.
- e. MCCAA will openly communicate with VENDOR in reference to any VOUCHERS issued on behalf of a mutual client.

IV. VENDOR responsibilities in the partnership:

- a. VENDOR agrees to accept payment from MCCA on behalf of client.
- b. VENDOR agrees to provide a valid email address for communication with ADMIN staff regarding W-9 and which to send the voucher.

Email address: _____

Phone Number: _____

- c. VENDOR agrees to complete the voucher process by submitting a required W-9 and all other forms. VENDOR understands that payment cannot be issued until the W-9 is received by the MCCA Central Office for processing.
- d. **If client’s financial responsibility is not satisfied by the VOUCHER, client and VENDOR must come to an agreement for the satisfaction of the balance due. If no agreement can be obtained, VENDOR should not accept the VOUCHER as payment.**
- e. Vendor should not disconnect nor evict client based on the voucher amount that MCCA is providing.

V. Debarment

Federal mandate requires that any person or entity receiving Federal dollars as payment must verify that there has been no disbarment from receiving Federal dollars by certifying the following:

1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(vendor initial)

2) Where the prospective lower tier participant is unable to certify any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

(vendor initial)

The partnership between Mid-Cumberland Community Action Agency and _____ is valid upon execution of this partnership agreement.

(name of partnering agency)

This partnership will remain in full effect until September 30, 2023.

MCCA Representative

Partnering Agency Representative

Title

Title

Date

Date



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

Rent/Mortgage Statement

Date: _____

Your tenant has requested assistance from Mid-Cumberland Community Action Agency with their rent or mortgage. To help us determine if the tenant is eligible for assistance, please complete this form and have your tenant return the form to their local MCCA office.

This letter verifies _____ is residing at: _____
(Name of family or individual)

Address of residence

The monthly rent or mortgage amount is \$ _____ and is due on the _____ of each month.

Rent is owed for the month(s) of _____.

The total amount due is: \$ _____

A payment arrangement must be made concerning the remaining balances. Please describe the terms below.

Business Name: (if applicable) _____

Business Address: _____

Landlord Signature: _____

Landlord email address: _____

Printed Name: _____

Phone Number: _____ Fax Number: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



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

Rent/Mortgage Statement

Date: _____

Your tenant has requested assistance from Mid-Cumberland Community Action Agency with their rent or mortgage. To help us determine if the tenant is eligible for assistance, please complete this form and have your tenant return the form to their local MCCA office.

This letter verifies _____ is residing at: _____
(Name of family or individual)

Address of residence

The monthly rent or mortgage amount is \$ _____ and is due on the _____ of each month.

Rent is owed for the month(s) of _____.

The total amount due is: \$ _____

A payment arrangement must be made concerning the remaining balances. Please describe the terms below.

Business Name: (if applicable) _____

Business Address: _____

Landlord Signature: _____

Landlord email address: _____

Printed Name: _____

Phone Number: _____ Fax Number: _____