



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

LIHEAP ASSISTANCE Application

BEFORE you turn in your APPLICATION, you will need the following for your APPLICATION to be PROCESSED:

APPLICATION: ALL questions answered.

VALID PHOTO ID: for Head of Household (person completing the application).

SOCIAL SECURITY CARD: for **EVERY** person in household.

PROOF OF INCOME: for the last 30 days for all household members (examples: pay stubs for household members 18 years of age and older, unemployment claim summary, Social Security benefit letter for adults and children, Child support, TANF, Short/Long term disability through employer etc.).

12-MONTH PRINTOUT from ELECTRIC COMPANY: A "12-month printout" from your energy company.

CRISIS? Will your energy service be disconnected within the next 10 days? If so, you must apply **IN OFFICE!**





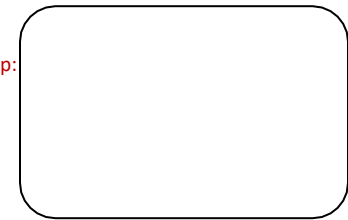
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Mid-Cumberland Community Action Agency

Community Services Application

P.O. Box 1999 Mount Juliet, TN 37121 Phone: 615-742-1113 www.midcumberland.org

Received stamp:



Name (First, MI and Last): _____ Address: _____ Apt# _____
 City: _____ TN Zip: _____ County: _____ Mailing Address (if different than above): _____
 Cell Phone: _____ Alt Phone: _____ Email: _____

HOUSING INFORMATION: Rent Own Homeless Public Housing Temporary living with family/friends Section 8 Other _____

Please check any service below, that you may need assistance with, or information about!

SERVICES: Head Start/Child Care Case Management Nutrition Services Energy Water Personal Hygiene
 Housing Education Employment Rent/Mortgage Other

Name	Marital Status	DOB	(Inability or Refusal to provide SSN <u>may</u> result in denial, unless child under 1 yr. old)	Ethnicity/Race	Hispanic/Latino	Sex M/F	Veteran	Disabled	Food Stamps	WIC	Child Care Voucher	Health Insurance	Type of Health Insurance	Education level	Relation to the Applicant	Income
			Full S.S Number													
1.			- -		Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
2.			- -		Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
3.			- -		Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
4.			- -		Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
5.			- -		Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
6.			- -		Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
7.			- -		Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
8.			- -		Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N

Do you have reliable transportation? Yes or No
 Are you homebound? Yes or No

Would you like to receive text notifications regarding additional services we may offer? Yes or No

If yes, what phone number would you like us to text? _____

Is anyone in your household or immediate family employed by MCAA? Y N If yes, please list employee name: _____

Please see back page to complete and sign this application

Has your home been served under the Weatherization Program? Yes or No
Are you Interested in the Weatherization Program? Yes or No
Do you have a disconnect notice or are you disconnected currently? Yes or No
Have you received a TEFAP food box? Yes or No
If no, are you interested in receiving a TEFAP food box? Yes or No

Circle ONLY the source of energy you want assistance with:

Electric Natural Gas LP Propane Kerosene Fuel Oil Wood Coal

1. Energy Supplier Name (1st choice to be paid): _____ Account number: _____
Name on account: _____ If account is in name of Public Housing/Section 8, please list amount of utility overages: \$_____ (attach documentation)
2. Additional Energy Supplier Name:
Name on account: _____ Account number: _____

Please tell us about your situation and why you need our services: _____

How do you plan to address your situation going forward? _____

Do you have other family, community, or agency supports? Y N If yes, please explain: _____

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, LIHEAP, or any other fund source under this Agency, 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 purposed directly related to the administration of the program funds provided by CSBG, LIHEAP, or any fund sources used for the above services through this Agency. I attest under perjury that all person applying for and 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, LIHEAP, or any services funded under the Community Services Program through Mid-Cumberland Community Action Agency, is liable upon conviction of a fine of \$10,000 or imprisonment for not more than five years, or both. I am the customer of record, the customer's authorized agent or an authorized third party for the service account(s) identified in this application, and I authorize my service Provider/Vendor, for the service(s), that I applied for, to disclose my customer data as requested by the administering Agency listed on this application.

I DO OR DO NOT AGREE THAT THE INFORMATION CONTAINED ON MY APPLICATION MAY BE SHARED WITH OTHER AGENCIES FROM WHICH I SEEK ADDITIONAL SERVICES.

Applicant Signature: _____

Date: _____

Mid-Cumberland Community Action Agency does not discriminate on the basis of age, race, color, national origin, sex, disability, ancestry, status as a veteran, or any other characteristics protected by Federal, State, or Local will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of any MCCA Programs, or treatment of clients, or employees. This includes CSBG, LIHEAP, and all fund sources used by this Agency.