








This application may be used to apply for all programs and services offered by the Metropolitan Action Commission. The information provided will be used to determine your eligibility for programs and services provided by MAC. Additional information may be required for each specific program. For more information about specific programs 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 assistance you are eligible to receive.</p> | <ul style="list-style-type: none"> • Programs and Services offered by MAC for low-income individuals and families. • Information and Referral to community partners |
|  | <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. • Families that include immigrants can apply. You can apply for your child even if you are not eligible for assistance. Applying for assistance will not affect your immigration status or chances of becoming a permanent resident or citizen. |
|  | <p>Things you may need to complete this Application</p> | <ul style="list-style-type: none"> • A Government-issued ID (for example driver's license, state or federal ID card, passport, birth certificate, military ID, voter's registration card) • Social Security Numbers (or document numbers for any legal immigrants) • Employer and income information for everyone in your family (for example paystubs, W-2 forms, bank statements or wage and tax statements) |
|  | <p>Why do we ask for this information?</p> | <p>We ask about income and other information to let you know what assistance you are eligible to receive. You may be asked for additional information to meet specific program requirements. We will keep all the information you provide private and secure, as required by law.</p> |
|  | <p>What happens next?</p> | <p>Submit or send your complete, signed Application to: Metropolitan Action Commission 800 2nd Avenue North Nashville, TN 37201</p> <p>What if you do not have all the information needed for the Application? Failure to provide required information may delay the processing of your application. You may sign and send us your application anyway. After we get your application, we will look to see what facts we still need. Then we will send a letter that asks you to provide what we need.</p> <p>After we get your application and the facts we need, we will send you a letter that tells you the decision. If you have questions, contact our office at 615-862-8860.</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. Llámenos a nuestro centro de ayuda gratuita al **615-862-8860**.



Metropolitan Action Commission

Application for Services FY 2023-2024

800 2nd Avenue North, Nashville, TN 37201 Office: 615-862-8860



Last Name: _____ First Name: _____

Street Address: _____ Apt/Unit # _____ City: _____ State: TN Zip: _____ Phone #: (____) _____

Mailing Address: _____ (If different than Street Address) Email Address: _____

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

Help paying:

Heating and Cooling Bill (i.e., electric, gas, wood, propane) Water Bill

Homeless Recovery / Rent or Utility Deposits Past Due Rent Past Due Mortgage

Nutritional Supplement /Prescribed Foods

Senior Services (age 60+): Property Tax Prescription Drugs Medical Bills /Supplies

Help getting:

A Fan or Air Conditioner (**May 1 to August 30 only**)

Early Childhood Education (i.e., Pregnant mothers & children from birth to age 5)

Adult Education (i.e., Earn a High School Equivalency Diploma)

Employment / Training Coaching / Supporting Services (i.e., Financial Literacy, Legal Assistance Referrals)

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

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

Please use the following to indicate individual household member information: *By providing Race/Ethnicity information, it helps show if Tennessee is following civil rights laws. (Your household is not required to provide this information and 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, E – Elect not to Share

SEX: M – Male, F – Female, E – Elect not to Share, O – Other

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

EDUCATION LEVEL: P/K - Pre-School, K-12 - Enrolled in K-12 list grade, N - No HS, HS -High School Diploma/GED, PS - Enrolled in post-secondary or other training class, C - Certificate, G - Assoc. or Bachelor's degree, GR - Graduate School or above

TYPE OF INCOME: EFT - Employment, Full-Time, EPT - Employment Part-Time, 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 self) | Relation to Applicant | Date of Birth | Full S.S.# | Race | Hispanic/Latino | Sex | Disabled | Active Duty or Veteran | Health Insurance | Type of Health Insurance | Education Level | Type of Income | Is the Income Reliable | Gross Income |
|------------------------|-----------------------|---------------|------------|------|-----------------|-----|----------|------------------------|------------------|--------------------------|-----------------|----------------|------------------------|--------------|
| 1. | Self | / / | | | | | | | | | | | | |
| 2. | | / / | | | | | | | | | | | | |
| 3. | | / / | | | | | | | | | | | | |
| 4. | | / / | | | | | | | | | | | | |
| 5. | | / / | | | | | | | | | | | | |

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 discriminate on the basis of race, 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 its program activities and employment.

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1. Household Information

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

| | | | |
|---|--|--|---|
| <p>Household Type: What is your current household type?</p> <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two Adults with children <input type="checkbox"/> Two Adults, no children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other (please specify) _____ | <p>Marital Status: What is your marital status?</p> <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated | <p>Foster Care: Are any children in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list _____ _____</p> | <p>Supports: Do you have other family, community or agency supports? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list: _____ _____</p> |
|---|--|--|---|

| | |
|--|--|
| <p>Housing Situation: What is your housing status?</p> <input type="checkbox"/> Rent (non-subsidized) <input type="checkbox"/> Own <input type="checkbox"/> Section 8 or Housing Choice Voucher (HCV) <input type="checkbox"/> Temporarily living with family or friends <input type="checkbox"/> Homeless <input type="checkbox"/> Permanent Supportive Housing (HUD) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other (please specify) _____ | <p>Benefits Information / Categorical Eligibility: Has anyone in your household received any of the following benefits this last year? (i.e., last 12 months)? Families First (TANF), SNAP, Head Start, WIC, LIHEAP, Continuum of Care (CoC) Rental Assistance, Housing Choice Voucher (HCV) Program Rental Assistance, VASH Rental Assistance, or Affordable Care Act Subsidy <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify type: _____ Amount: \$ _____</p> |
|--|--|

Child Care:

Do you have childcare? Yes No
 If Yes, is it reliable? Yes No

CLEAR
CHOICE

I do not have any children.
 I pay for childcare: \$ _____/week.
 Type of care: _____

I have subsidized childcare (certificate/voucher)
 My child/children participate in Head Start / Early Head Start, which location? _____
 A friend or family member provides care.

My child / children are in school with appropriate after school care.
 My child / children are in school without appropriate after school care.
 I do not have affordable childcare options.
 Other: _____

Medical Insurance:

Do you need Health Insurance? Yes No

I am provided sick leave benefits.
 I have a retirement plan that includes health insurance.

I have a copay for my medications.
 I have supplemental prescription assistance to help pay for medications.
 I do not have supplemental medical insurance to help pay for my medications.

I (or any household members) often go without my medication due to lack of money.
 Other: _____
 I have a medical condition that affects my ability to contribute to my household. If so, please explain: _____

| | | |
|---|--|--|
| <p>Do you need help applying for health coverage for anyone in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, we can help you apply at https://www.healthcare.gov</p> | <p>Do you need help paying for your monthly Medicare premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, we can help you apply at https://tenncareconnect.tn.gov/.</p> | <p>If you do not have health insurance, do you need help paying for prescriptions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, we can help you apply for CoverRx at https://www.optumrx.com/coverrx.</p> |
|---|--|--|

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2. Household (Continued)

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

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 needs satisfied 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? car
 ride a bus ride with family or friends Other _____

3. Program Information

Please complete the *Program Information* if you need assistance paying for any of the following: *If not, Go to the next section*

(1) heating/cooling bill such as electric, gas, or other, i.e., wood or propane, (2) water/sewer bill, or (3) both heating/cooling and water/sewer. If not, go to next page.

Energy Assistance:

Do you need help paying your heating/cooling bill? Yes No

If No, please skip to the **Weatherization Assistance** section below.

Please check only one of the following:

- My electric or gas has been disconnected.
- I have received a cutoff notice.
- Neither of the above describe my situation, but I am seeking help with my current bill.

Name of Energy Service Supplier: _____

Account Number: _____

Name on the Bill: _____

Weatherization Assistance:

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

If not, are you interested? Yes No

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 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 bill, but I am struggling 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: _____

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3. Program Information (Continued)

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.*

Unemployment / Income Information:

Do you hereby certify that someone in your household qualified for unemployment benefits? Yes No

Has anyone in your household received unemployment in the past 30 days? Yes No Since March 13, 2020? Yes No

Or experienced a reduction in household income Yes No

Or experienced other financial hardship during or due to the coronavirus pandemic since March 13, 2020? Yes No

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

Do you hereby certify that someone in your household can demonstrate a risk of homelessness or housing instability? *This can be due to past due utility or rent notices, notices to vacate, eviction notices, or the household being cost burden where at least 30% of your household income is spent on rent, etc.?*

Yes No **Risk of Homelessness or Instability:** (Describe your household's risk of homelessness or instability.)

Rent / Mortgage Information

What is your monthly rent/mortgage? \$ _____

Total Amount of Rent / Mortgage Owed \$ _____

Lease Start Date ___/___/___ Mortgage Start Date ___/___/___

Date Rent/Mortgage Became Delinquent ___/___/___

Court Date /Date You Must Vacate By ___/___/___

Name of organization certifying Section 8 / HCV (i.e., MDHA, THDA, or Apartment Name):

Landlord Information:

Name of Apartment Complex _____

Name of Landlord / Property Manager _____

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

Has the landlord received a judgment for eviction? Yes No

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

Do you give permission for your information to be provided to a non-profit legal aid organization / mediation service? Yes No

Other Assistance

To the best of my knowledge, I have I have not received assistance under an ERA 1 or ERA 2 program (i.e., HOPE). If you have, list where you received assistance, how much, and what it was for _____

Address: _____

City: _____ State: TN Zip: _____

Phone #: (_____) _____

Email Address: _____

[\(Go to the previous page\)](#) [\(Go to the next page\)](#)

4. Certifications

By submitting this Application, I hereby certify that:

I hereby self-certify that my total annual household income is as listed and that I have attached documentation providing such.

Enter Annual Household Income: \$ _____

I hereby self-certify that my total annual household income is as listed, but I am currently unable to provide such documentation.

Enter Annual Household Income: \$ _____

All information provided is true, accurate, and complete, and if requested, I shall provide further documentation or self-attestations to support any representations.

I acknowledge that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties.

Signature of Head of Household

____/____/____
Date

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 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 its representatives to determine eligibility, enroll you in our programs and services, and provide information and referrals to our community partners. I authorize the verification of any and all information provided herein to determine my eligibility. **Do you agree?** Yes No

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.

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.

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 my release information: Employers, Landlords, Management Companies, Utility Providers, Legal Services, and other community service agencies.

Consent: I consent to 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.

Head of Household Signature: _____

Date: ____/____/____

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4. Release of Information and Certifications (Continued)

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.

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 members 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 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 Metropolitan Action Commission? Yes No

If yes, please list employee name _____

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

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

Assisting Person/ Authorized Representative: Name: _____ **Organization name:** _____



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

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

To Be Completed by Agency Staff Only:

Office Use Only:

Date Application Received: ____ / ____ / ____

Date Application Completed: ____ / ____ / ____

Application Status: Approved Denied Date: ____ / ____ / ____

Eligibility Period: ____ / ____ / ____ to ____ / ____ / ____

Number in Household: _____ ERA-EPP Priority Points: _____

Total Annual Income: _____

Income Verification Check Stub: Tax Statement Accent / EBMS

Award Letter Zero Income Form Other (specify) _____

Intake Worker/Determining Agency Official Signature: _____ **Date:** _____

Metropolitan Action Commission does not discriminate on the basis of race, 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 its program activities and employment.

