Nashville.gov/MAC

Metropolitan Action Commission

Application for Services FY 2024-2025

Keep this page for your information.

This application may be used to apply for all programs and services the Metropolitan Action Commission offers. The information provided will determine your eligibility for MAC programs and services. Additional information may be required for each specific program. Go to the next page for a list of required documents. For more information about MAC's programs visit our website at www.nashville.gov/mac or contact our office at **615-862-8860**.

Use this Application to see what programs and services you may be eligible to receive.	• Programs and Services offered by MAC for low-income individuals and families. The Metropolitan Action Commission receives funding through various grants for income-eligible residents of Davidson County.
Who can use this Application?	• **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. Applying for assistance will not affect your immigration status or chances of becoming a permanent resident or citizen.
Why do we ask for this information?	We ask about income and other information to let you know what assistance you may be 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.**
What happens next?	Submit or send your **complete**, **signed,** and **dated** Application and **all required** documents together in one envelope to: **Mail:** **Metropolitan Action Commission** **P.O. Box 196300** **Nashville, TN 37219-6300** **Email:** Send your application with **all** the required documents to MACcustomer@nashville.gov. Write your **name** in the subject line of the email. We check the mailbox and drop box daily. **Telephone / Office:** If you need **immediate assistance,** please call us at **615-862-8860**, or come into the office at **1281 Murfreesboro Pike, Nashville, TN 37217**.
What if you do not have all the information needed for the Application?	**Failure to provide the required information may delay the processing of your application.** Go to the next page for a list of required documents. After we get your application, we will look to see what facts we still need. We may send a letter that asks you to provide what we need.

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. Llamenos a nuestro centro de ayuda gratuita al **615-862-8860**.*

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Metropolitan Action Commission
Application for Services FY 2024-2025

Did you include all the needed documents with your application?

Documents required for all services (based on the assistance needed):

- ☐ **Metropolitan Action Commission Application for Services FY 2024 - 2025** completed, signed, and dated.
- ☐ **Identification:** Valid government-issued ID for the applicant (i.e., driver's license, state or federal ID card, passport, birth certificate, military ID, voter's registration card).
- ☐ **Social Security Cards** for all household members (or legal residency/immigrant verification).
  [Not all programs and services provided by MAC require household members to be citizens or qualified aliens.]
- ☐ **Proof of Income** for all household members 18 years or older for the last 30 days/month (i.e., pay stubs, unemployment benefits, W-2 / 1099 forms, bank statements for annual SSI/SSDI award letter)
  - ☐ **Loss of Income**: Some services also require proof of the loss or reduction of income (work separation letter, doctor's note for medical reasons, etc.)
  - ☐ **Zero Income Form** must be submitted if you have no income. Go to www.nashville.gov/mac to download a copy of the form.

Additional Documents required for specific programs and services:

UTILITY ASSISTANCE

- ☐ **Current bill** (gas, electric, wood, propane)
- ☐ **12-Month billing history:** Call your energy company for this statement.

WATER ASSISTANCE

- ☐ **Current bill** (water, sewer)
- ☐ **Proof of Loss of Income**

RENT or MORTGAGE ASSISTANCE

- ☐ **Proof of Loss of Income**
- ☐ **Landlord / Mortgage Letter, or Late Notice** from your landlord or mortgage company
- ☐ **Rent Ledger from Landlord**

HOMELESS ASSISTANCE

- ☐ **Referral Letter** documenting homelessness from a case manager, non-profit agency, or church/temple/mosque
- ☐ **Welcome Home Letter** from landlord (includes address, and move-in fees (deposits)
- ☐ **New Service Letter** (also known as the "denial" letter) for utility deposits.

PRESCRIPTION ASSISTANCE (i.e., Medication and/or Nutritional Supplement)

- ☐ **Current Prescription** from a doctor (within 30 days)
- ☐ **Proof of Loss of Income**

PROPERTY TAXES for persons 60+ years old:

- ☐ **Past due tax statement with applicant's name**

(Go to the next page)

Nashville.gov/MAC

Metropolitan Action Commission

Application for Services FY 2024-2025

1281 Murfreesboro Pike, Nashville, TN 37217 Office: 615-862-8860

MAC Nashville Metropolitan Action Commission

Last Name: _____ **First Name:** _____

Street Address: _____ **Apt/Uni#** _____ **City:** _____ **State:** *TN* **Zip:** _____ **Phone #:** (_____) _____

Mailing Address: _____ **Email Address:** _____
(If different than Street 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 ☐ Rental Assistance ☐ Mortgage Assistance ☐ Property Tax
- ☐ Homeless Assistance*: (i.e. rent and/or utility deposits)*
- ☐ Prescription Assistance *(medication and/or nutritional supplement)*

Help getting:

- ☐ Coaching *(i.e., Financial Literacy, Supportive Services)*
- ☐ Early Childhood Education *(i.e., Pregnant mothers & children from birth to age 5)*
- ☐ Adult Education *(i.e., Earn the equivalency of a High School Diploma)*
- ☐ Employment / Training
- ☐ Summer Cooling Program (*May 1 to August 30 only*)

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

1. Household Member Information

Complete the *Household Member Information* section for each household member. Begin the list with the Head of Household, then spouse, then oldest child, etc. *By providing Race/Ethnicity information, it helps show if Tennessee is following civil rights laws. Your household is not required to provide race/ethnicity information. Providing or not providing this information 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
GENDER:	**M** – Male, **F** – Female, **N** – Non-Binary, **E** – Elect not to Share, **O** – Other
HEALTH INSURANCE:	**D** – Direct Purchase / Private Insurance, **E** – Employment Based, **I** – Indian Health Insurance, **M** – Military **MC** – Medicare, **MD** – Medicaid, **C** – CoverKids, **T** – TennCare, **N** - No Health Insurance
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 education or other vocational training/certification, **C** – Certificate, **G** – Associate or Bachelor degree, **GR** – Graduate School or above
TYPE OF INCOME:	**FT** – Full-Time Employment, **PT** – Part-Time Employment, **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 yourself)*	Relation to Applicant	Date of Birth	Social Security Number	Race	Hispanic/ Latino	Gender	Disabled	Active Duty or Veteran	Type of Health Insurance	Education Level	Type of Income	Is the Income Reliable	Gross Income
1.	Self	/ /			Y ○ N ○		Y ○ N ○	Y ○ N ○				Y ○ N ○	
2.		/ /			Y ○ N ○		Y ○ N ○	Y ○ N ○				Y ○ N ○	
3.		/ /			Y ○ N ○		Y ○ N ○	Y ○ N ○				Y ○ N ○	
4.		/ /			Y ○ N ○		Y ○ N ○	Y ○ N ○				Y ○ N ○	
5.		/ /			Y ○ N ○		Y ○ N ○	Y ○ N ○				Y ○ N ○	

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** $ 0

Metropolitan Action Commission does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, sex, religion, creed, disability, or any other classifications protected under applicable Federal, State, or Local laws in the admission, access, or operations of its programs and services. Not all bases apply to all programs or services. *(Go to the next page)*

American Job Center Tennessee · Head Start · TN Department of Human Services · Tennessee Housing Development Agency

2. Household Information

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

Marital Status

What is your marital status?

- ☐ Single
- ☐ Married
- ☐ Never Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

Household Type

What is your current household type?

- ☐ Single Person
- ☐ Single Female Parent
- ☐ Single Male Parent
- ☐ Two Adults with children
- ☐ Two Adults, no children
- ☐ Multigenerational Household
- ☐ Other *(please specify)* _____

Foster Care

Are any children who live in the home in foster care?

☐ Yes ☐ No

If *Yes*, please list _____

Housing Situation

What is your housing status?

- ☐ Rent (non-subsidized)
- ☐ Own
- ☐ Temporarily living with family or friends
- ☐ Homeless
- ☐ HUD-VASH
- ☐ Permanent Supportive Housing (HUD)
- ☐ Section 8 or Housing Choice Voucher (HCV)
- ☐ Other *(please specify)* _____

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 ☐ Bus
☐ Ride with family or friends
☐ Uber/Lyft ☐ Other _____

Childcare

Do you have childcare? ☐ Yes ☐ No
☐ I do not have any minor children.

If *Yes*, is it reliable? ☐ Yes ☐ No
☐ 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 have Health Insurance: ☐ Yes ☐ No

- ☐ I am provided with 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 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: _____

Do you need help applying for health coverage for anyone in your household? ☐ Yes ☐ No
Marketplace https://www.healthcare.gov

Do you need help paying for your monthly Medicare premiums? ☐ Yes ☐ No
TennCare https://tenncareconnect.tn.gov/.

If you do not have health insurance, do you need help paying for prescriptions? ☐ Yes ☐ No
CoverRx at https://www.optumrx.com/coverrx

If you marked *Yes* to any of these questions, can we send you information on how to apply for health coverage? ☐ Yes ☐ No

(Go to the next page)

2. Household Information *(Continued)*

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

Benefits Information / Categorical Eligibility

Has anyone in your household received any of the following benefits this last year? *(i.e., last 12 months)*? ☐ **Yes** ☐ **No**

Families First (TANF), Supplemental Nutrition Assistance Program (SNAP), Head Start (HS), Women, Infants, and Children (WIC), Low Income Home Energy Assistance Program (LIHEAP), Continuum of Care (CoC) Emergency Rental Assistance (ERA or HOPE), Housing Choice Voucher (HCV) Program Rental Assistance, VASH Rental Assistance, or Affordable Cares Act Subsidy

If *Yes*, please specify the type and amount:

Type: _____ Amount: $_____ Type: _____ Amount: $_____

Type: _____ Amount: $_____ Type: _____ Amount: $_____

Supports:

Do you have other family, community or agency supports? ☐ **Yes** ☐ **No** **If *Yes*, please list name and type of support:** _____

3. Program Information

Please complete the *Program Information* if you need assistance paying for any of the following:

(1) Heating/Cooling Bill such as electric, gas, wood or propane, (2) Water/Sewer Bill, or (3) Both Heating/Cooling and Water/Sewer. ***If not, Go to the 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 <u>one</u> of the following:

☐ My electric or gas has been disconnected.

☐ I have received a cutoff notice.

☐ Neither of the above describes my situation, but I request help with my current bill.

Name of Energy Service Supplier: _____

Account Number: _____

Name on the Bill: _____

Weatherization Assistance

Has the Metropolitan Development and Housing Agency (MDHA) insulated your residence through the Weatherization Program? ☐ 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 <u>only one</u> 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 bills, but I struggle 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: _____

(Go to the next page)

4. Program Information

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.***

Basic Eligibility Determination Questions

Do you hereby certify that someone in your household qualified for unemployment benefits? OR experienced a reduction in household income, incurred significant costs, OR experienced other financial hardship during OR due, directly, or indirectly to the coronavirus pandemic, and such financial hardship occurred after 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? ☐ Yes ☐ No

This can be due to past due utility or rent notices, notices to vacate, eviction notices, or the household being a cost burden where at least 30% of your household income is spent on rent, etc.

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 Due Date ___/____/_____

Date Rent/Mortgage Became Delinquent ___/____/_____

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.

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

Release of Information

Do you give permission to release information to THDA to assist you with your situation, who may make a referral to legal aid on your behalf?

☐ Yes ☐ No

Other Assistance

My household has received the following types of state or federal housing or utility assistance since 2020: *(Please check ALL that apply.)*

☐ Public Housing ☐ Housing/Rent Voucher ☐ Rental Assistance

☐ Heating and Cooling Bills *(i.e., electric, gas, wood, propane)* ☐ Water Bills

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

To the best of my knowledge, ☐ **I have** ☐ **I have <u>not</u> 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 _____

Landlord Information

Name of Apartment Complex _____

Name of Landlord / Property Manager _____

Address: _____

City: _____ **State**: ***TN*** **Zip:** _____

Phone #: (_____) _____

Email Address: _____ ***(Go to the next page)***

5. 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**: ____ /____ /_____

6. 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, unless otherwise authorized or required by law.

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

Consent: I consent 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.

Signature of Head of Household: _____ **Date**: ____ /____ /_____

(Go to the next page)

6. 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, both written and verbal, 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 the Metropolitan Action Commission? ☐ **Yes** ☐ **No**
If yes, please list the employee's name _____

Signature of Head of Household: _____ **Date**: ____ /____ /_____

If someone is helping you apply for assistance, please have the *Assisting Person* sign, date, and provide the 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: _____ Federal Poverty Level (%) _____
Total Annual Income: _____ Area Median Income (%) _____

Income Verification ☐ Check Stub: ☐ Tax Statement ☐ EBMS
☐ Award Letter ☐ Zero Income Form ☐ Other (specify) _____

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

Metropolitan Action Commission does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, sex, religion, creed, disability, or any other classifications protected under applicable Federal, State, or Local laws in the admission, access, or operations of its programs and services. Not all bases apply to all programs or services.

SUBMIT

CLEAR FORM

AmericanJobCenter TENNESSEE

Head Start

TN Department of Human Services

Tennessee Housing Development Agency