

**Metropolitan Action Commission**  
**Low Income Home Energy Assistance Program Application (LIHEAP)**  
**July 1, 2016 thru June 30, 2017**

**TYPE OF ASSISTANCE YOU ARE APPLYING FOR: (Please check one):**

**Energy Assistance**       Electric       Gas       Other (wood, propane)  
 **Crisis Assistance** (*please state crisis situation*): \_\_\_\_\_

**Name of Energy Supplier:** \_\_\_\_\_

**Name on Bill:** \_\_\_\_\_

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

**APPLICANT INFORMATION (PRINT ONLY)**

Your Name: \_\_\_\_\_ Sex:  Male  Female

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Source of Income:  No Income  Employment  Social Security  SSI/SSDI  Unemployment Benefits  VA benefits  
 Pension/Retirement  Families First  Child Support

How are you paid?  Weekly  Bi-Weekly  Semi-Monthly  Monthly      Amount: \_\_\_\_\_

Your Home:  Own  Rent  Section 8      Amount: \$ \_\_\_\_\_      Are You Disabled?  YES  NO      Health Insurance:  YES  NO

Education:  No High School  Some High School  GED  High School Diploma  
 12+ Post-Secondary (Choose one:  AA/AS  BA/BS  Master  Doctoral)

Are you:  Employed  In job training or other training  Retired  Seeking employment  Not employed

Do you need English as a Second Language classes to get a job or to advance on your current job?  Yes  No

Race (mark ONE answer):  Caucasian  African-American  Hispanic  Asian  Hawaiian/ Pacific Islander  
 Mid-Easterner  American Indian/Alaska Native  Two or More Races  Other: \_\_\_\_\_

Marital Status (Check one):  Married  Never Married  Divorced  Widowed  Separated

Household Type:  Single Person  Two- Parent Household  Single Parent /female  
 Single Parent/ Male  Two Adults/ No Children  Other \_\_\_\_\_

**OTHER PEOPLE WHO LIVE IN THE HOME**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F      Health Insurance:  YES  NO  
Monthly Income: \_\_\_\_\_ Disabled:  Yes  No      Education: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F      Health Insurance:  YES  NO  
Monthly Income: \_\_\_\_\_ Disabled:  Yes  No      Education: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F      Health Insurance:  YES  NO  
Monthly Income: \_\_\_\_\_ Disabled:  Yes  No      Education: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F      Health Insurance:  YES  NO  
Monthly Income: \_\_\_\_\_ Disabled:  Yes  No      Education: \_\_\_\_\_ Race: \_\_\_\_\_

**If you need additional space for other members of household, please ask a family development specialist for an additional member sheet form.**

How many people living in the home are the following ages?: \_\_\_\_\_ Under 1 year      \_\_\_\_\_ 12-23 months      \_\_\_\_\_ 2 years  
\_\_\_\_\_ 3 years      \_\_\_\_\_ 4 years      \_\_\_\_\_ 5 years      \_\_\_\_\_ 65 years or older      How many are disabled (any age): \_\_\_\_\_

How far is the nearest Head Start center or child care center to your home?(circle answer)      Head Start Child Care  
5 miles or less      More than 5 miles but less than 10 miles      More than 10 miles but less than 15 miles      15 miles or more  
I don't know

How do you get around to meet your basic needs?  Car  Bus  Ride with family or friend  Other \_\_\_\_\_

Please check the services that are needed to improve your family's well-being:

- Employment       Education       Child Care       Housing       Nutrition
- Legal Services     ESL classes     Health             Emergency Services
- Budget/Financial Management     Other \_\_\_\_\_

**Has your residence been insulated under the Weatherization Program by MDHA?**    Yes    No  
**If not, are you interested?**      Yes    No

*PLEASE CHECK EACH BOX TO VERIFY THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT AND ANSWER (YES OR NO) THE LAST QUESTION. INCOMPLETE APPLICATIONS OR FAX APPLICATIONS WILL NOT BE PROCESSED.*

- I certify to the best of my knowledge all of the information given by me is true and correct.
- I also authorize the verification of any and all information for the purpose of certification
- I understand that if I withhold any information or submit false 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.
- I understand that I will be notified of whether this application has been accepted or rejected. I understand that notification for acceptance of my application does not guarantee I will receive the requested assistance within any certain time period. I also understand that I may appeal any decision to reject my application in accordance with the grievance procedures outlined by the Metro Action Commission.
- I certify that from **July 1, 2016 through June 30, 2017** neither I, nor any member of my household received LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) services from a Tennessee LIHEAP agency. Regardless as to whether this application is ultimately accepted or rejected by the Metropolitan Action Commission, I understand that paying my utility bill remains my responsibility. The Metropolitan Action Commission reserves the right to reject my application for assistance. Should the Metropolitan Action Commission accept my application and provide the requested assistance, such action shall not constitute accepting responsibility for maintaining my account.
- To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the Metropolitan Government, officers, agents, employees, and volunteers from and against any and all liabilities, claims, demands 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, whether due to negligence, mistake or other action or inaction of the Metropolitan Government or any other person or entity.
- I attest under penalty of perjury that the applicant is either a United States citizen or a qualified alien as defined by U.S.C. 1641(b).

**I agree that the information contained in this application may be shared with other agencies from which I seek additional services. Yes [] No []**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*For additional information on completing the application please call Ms. Brenda Gill (615) 862-8860 extension 70124.*

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FY 2016 INCOME GUIDELINES**

**Members in Household**

**Annual Limit**

1	\$17,820
2	\$24,030
3	\$30,240
4	\$36,450
5	\$42,660
6	\$48,855
7	\$55,095
8	\$61,335

**Metropolitan Action Commission  
Community Services Division  
P.O. Box 196300  
Nashville, TN 37219-6300  
Phone: 615/862-8860**

***For family units with more than 8 members, add \$6,240 annually***

**Please attach copies of the following documents:**

- Current and Active Bill. Twelve month bill usage history from energy supplier i.e. Nashville Electric Service, Piedmont Natural Gas, etc.
- Current proof of income for all members of household for the past 8 weeks (Supplemental Security Income (SSI), Department of Human Services award letter, Child Support, Payroll Check Stubs (employment)- *(4 pay stubs if paid biweekly or 8 paystubs if paid weekly)*)
- Social Security Cards verification for all household members (assistance will be denied due to refusal to provide social security number verification for all household members)

**OFFICE USE ONLY (Applicant do not complete)**

\_\_\_\_\_  
Community Program Staff

\_\_\_\_\_  
Date