







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](http://www.nashville.gov/mac) or contact our office at 615-862-8860.

	<p><b>Use this Application to see what programs and services you may be eligible to receive.</b></p>	<ul style="list-style-type: none"> <li>• Programs and Services offered by MAC for low-income individuals and families.</li> <li>• Information and Referral to community partners.</li> </ul>
	<p><b>Who can use this Application?</b></p>	<ul style="list-style-type: none"> <li>• <b>Davidson County residents.</b></li> <li>• 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.</li> </ul>
	<p><b>Things you <u>may</u> need to complete this Application</b></p>	<ul style="list-style-type: none"> <li>• A <b>Government-issued ID</b> (for example, driver's license, state or federal ID card, passport, birth certificate, military ID, voter's registration card).</li> <li>• <b>Social Security Card</b> (or legal residency/immigrant verification). <i>[Note: Not all programs and services provided by MAC require household members to be a citizen or qualified alien.]</i></li> </ul> <p><b>Employer and income information</b> for everyone in your household (for example, paystubs, W-2 forms, bank statements, or wage and tax statements).</p>
	<p><b>Why do we ask for this information?</b></p>	<p>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. <b>We will keep all the information you provide private and secure, as required by law.</b></p>
	<p><b>What happens next?</b></p>	<p>Submit or send your complete, <b>signed</b>, and <b>dated</b> Application to:  <b>Metropolitan Action Commission</b>  <b>1281 Murfreesboro Pike</b>  <b>Nashville, TN 37217</b></p>
	<p><b>What if you do not have all the information needed for the Application?</b></p>	<p><b>Failure to provide the required information may delay the processing of your application.</b> 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. If you have questions, contact our office at <b>615-862-8860</b></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. Llamenos a nuestro centro de ayuda gratuita al **615-862-8860**.



# Metropolitan Action Commission

## Application for Services FY 2024-2025

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



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  
 Homeless Assistance: Rent and/or Utility Deposits  
 Nutritional Supplement / Prescribed Foods  
 Senior Services *(age 60+)*:  Property Tax  Prescription Drugs

**Help getting:**  
 Coaching *(i.e., Financial Literacy, Information & Referrals, 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 <i>(Start with yourself)</i>	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** \$ \_\_\_\_\_

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. **(Go to the next page)**

## 2. Household Information

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

<b>Marital Status:</b> <b>What is your marital status?</b> <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Separated		<b>Household Type:</b> <b>What is your current household type?</b> <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults with children <input type="checkbox"/> Single Female Parent <input type="checkbox"/> Two Adults, no children <input type="checkbox"/> Single Male Parent <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other (please specify) _____		<b>Foster Care:</b> <b>Are any children in foster care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list _____					
<b>Housing Situation:</b> <b>What is your housing status?</b> <input type="checkbox"/> Rent (non-subsidized) <input type="checkbox"/> Own <input type="checkbox"/> Temporarily living with family or friends <input type="checkbox"/> Homeless		<input type="checkbox"/> HUD-VASH <input type="checkbox"/> Permanent Supportive Housing (HUD) <input type="checkbox"/> Section 8 or Housing Choice Voucher (HCV) <input type="checkbox"/> Other (please specify) _____		<b>Nutrition</b> <b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Are the household needs satisfied through food banks/commodities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Transportation</b> <b>Do you have transportation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is it reliable?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Which best describes your access to transportation?</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Ride with family or friends <input type="checkbox"/> Uber/Lyft <input type="checkbox"/> Other _____			
<b>Child Care:</b> <b>Do you have childcare?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I <u>do not</u> have any minor children. If Yes, is it reliable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I pay for childcare: \$ _____/week. Type of care: _____						<input type="checkbox"/> I have subsidized childcare (certificate/voucher) <input type="checkbox"/> My child/children participate in Head Start / Early Head Start, which location? <input type="checkbox"/> A friend or family member provides care.		<input type="checkbox"/> My child/children are in school with appropriate after-school care. <input type="checkbox"/> My child/children are in school without appropriate after-school care. <input type="checkbox"/> I do not have affordable childcare options. <input type="checkbox"/> Other: _____	
<b>Medical Insurance:</b> <b>Do you need Health Insurance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am provided with sick leave benefits. <input type="checkbox"/> I have a retirement plan that includes health insurance. <input type="checkbox"/> I have a copay for my medications.						<input type="checkbox"/> I have supplemental prescription assistance to help pay for medications. <input type="checkbox"/> I <u>do not</u> have supplemental medical insurance to help pay for my medications. <input type="checkbox"/> I (or any household members) often go without medication due to lack of money.		<input type="checkbox"/> Other: _____ <input type="checkbox"/> I have a medical condition that affects my ability to contribute to my household. If so, please explain: _____	
<b>Do you need help applying for health coverage for anyone in your household?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Marketplace <a href="https://www.healthcare.gov">https://www.healthcare.gov</a>		<b>Do you need help paying for your monthly Medicare premiums?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No TennCare <a href="https://tenncareconnect.tn.gov/">https://tenncareconnect.tn.gov/</a> .		<b>If you do not have health insurance, do you need help paying for prescriptions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No CoverRx at <a href="https://www.optumrx.com/coverrx">https://www.optumrx.com/coverrx</a>					
<b>If you marked Yes to any of these questions, can we send you information on how to apply for health coverage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">(Go to the next page)</span>									

## 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 Care 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: *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 describes 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: \_\_\_\_\_

*(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.*

### 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?  Yes  No

*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.*

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 \_\_\_/\_\_\_/\_\_\_

Court Date /Date You Must Vacate By \_\_\_/\_\_\_/\_\_\_

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

### Other Assistance

My household has received the following types of state or federal housing, rent, 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

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

Yes  No

### Landlord Information:

Name of Apartment Complex \_\_\_\_\_

Name of Landlord / Property Manager \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: TN Zip: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

To the best of my knowledge,  I have  I have not received assistance under an ERA 1 or ERA 2 program (i.e., HOPE).

*(Go to the next page)*

If you have, list where have you received assistance, how much, and what it was for \_\_\_\_\_



## 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:** \_\_\_\_\_

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