



Helping People. Changing Lives.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Households need only to apply one time during the program year July 1, 2018 – December 31, 2018 for Energy Assistance.

Qualified households will receive a one-time assistance to an eligible home energy bill.

**** Must provide documentation for 12 consecutive months of energy usage**

- 12 consecutive full bills from your energy supplier or
- A 12 month print out from the energy supplier showing only the home's energy usage

Additional postage may be necessary!!

IMPORTANT:

Please be sure to include the following required documents: all household income, a copy of social security cards for everyone in the household, photo ID for the head or household, military ID or DD-214 as proof of military service, and copies of the last 12 months of energy bills. Failure to provide this information could result in a delay of your application being processed for benefits.

**If you plan to move within 60 days of applying for assistance PLEASE call the office
(615) 742-1113**

Benefit amounts may change based on program guidelines.

Visit us on the web @ www.midcumberland.org

This project is funded under an agreement with the U.S. Department of Health and Human Services and the Tennessee Housing Development Agency.



Low-Income Home Energy Assistance Program



2018 – 2019 Application For Services

PLEASE READ AND SIGN BEFORE YOU COMPLETE THE FOLLOWING APPLICATION.

Mid-Cumberland Community Action Agency offers many programs and services to address the various needs of the people of the communities we serve. This application allows a customer to apply for all of the services MCCA offers, and serves as a way for us to determine eligibility for those services.

Different programs have different requirements regarding what information the customer is to provide, and in order to streamline that process, MCCA has ONE application that requests all the information needed for all of the programs.

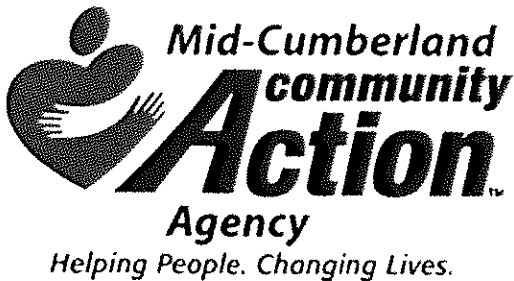
By signing this form, you are agreeing to provide the information requested to determine your eligibility for all services and program offered by MCCA.

IF you wish to apply for **Weatherization Services ONLY**, then please ask the Client Associate for the application specific to the Weatherization Assistance Program.

_____ I wish to apply for all programs and services offered by MCCA.

Signature

Date



July 1, 2018 –
December 31, 2018
Application for Services

<i>For Agency Use Only</i>	
Date Application Received:	
Date Application Completed:	

Household Information

Primary Address	City or Town	State	Zip	County
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Head of Household Information

First Name	Middle Initial	Last Name
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Please complete household member sheet for household members, including head of household. Use additional sheets if necessary.

Address and Contact Detail

Primary Telephone	Secondary Telephone	Email Address (optional)
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Mailing Address (if different from above)	City or Town	State	Zip	County
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Family Detail

Home type: Own Rent Section 8 Public Housing Temporarily living with family/friends Homeless

Monthly Rent: _____

Do you have a signed medical statement that states someone in your household requires life support equipment? Yes No

Does your household receive: SNAP WIC LIHEAP Housing Choice Voucher Public Housing HUD-VASH
 Permanent Supportive Housing Childcare Voucher EITC Affordable Care Act Subsidy Other

Are you an employee or a family member of an employee of MCCA? Yes No If yes, who? _____

Items you will need when you submit this application

1. The application, completed in its entirety
2. Fill out a household member section for each household member, including head of household
3. Fill out **Income Detail** for each household member age 18 or older
4. Social Security Number verification for every individual in the household. Assistance will be denied due to an applicant's refusal to furnish all household members social security numbers and verification.
5. Income documentation for the last 8 weeks (pay stubs, etc.)
6. Print out of the most recent 12 months of energy usage (electric, propane, natural gas, wood)
7. Photo ID for Head of Household
8. Military ID or DD-214 for any Active Military or Veteran Household Members

Head of Household Name: _____

Please use additional sheets as needed

Note: Assistance will be denied due to an applicant's refusal to furnish all household members' Social Security Numbers and verification

Number of members in household: _____

First Name	Middle Initial	Last Name
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Gender	Date of Birth	Social Security Number	Marital Status
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Relationship to household: Head of Household Spouse Child Foster Child Grandchild Adult Child
 Parent Grandparent Other Relation Not Related

Race (please select one): White Black/African American Asian American Indian/Alaska Native
 Native Hawaiian/ Other Pacific Islander Multi-Racial Other _____

Hispanic/Latino? Yes No Military Status: Veteran Active Military Non-Military

Citizenship: U.S. Born/Naturalized Eligible Legal Resident Non-Eligible Legal Resident Undocumented Resident

Employment (if over 13): Employed Full Time Employed Part Time Migrant Seasonal Farm Worker Retired
 Contract Temporary Short-term Unemployed (Less than 6 months) Long-term Unemployed (More than 6 months)
 Unable to Work Other _____

Health Insurance: Medicaid Medicare State Health Insurance – Child State Health Insurance – Adult
 Military Health Care Direct-Purchase Employment Based No Health Insurance

Education(if over 13): 0-8th Grade 9-12th Grade High School Grad/GED Non-High School Grad/GED
 12+ Some Post Sec. 2 or 4 Yr. College Grad Graduate of other Post-secondary school

Disability: None Mental Illness Learning Cognitive Visual Speech Hearing Deaf Breathing
 Orthopedic Other _____

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Head of Household Name: _____

Please use additional sheets as needed

Note: Assistance will be denied due to an applicant's refusal to furnish all household members' Social Security Numbers and verification

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Please use additional sheets as needed

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 Orthopedic Other _____

Income Detail Sheet

Head of Household Name: _____

Note: All sources of income must be reported with the exception of employment income for household members under age 18

Household Member Name: _____

Income: Is this income current? Yes No

Income Type: Alimony/Child Support Pension Salary/Wages Social Security SSDI SSI TANF/AFDC
 Unemployment Food Stamps No income

Income Period: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Annually

Gross Amount per Income Period: _____

Type of Documentation Provided: _____

Employer Detail

Employer Name	Address	City	State	Zip	Length of Empl.

Household Member Name: _____

Income: Is this income current? Yes No

Income Type: Alimony/Child Support Pension Salary/Wages Social Security SSDI SSI TANF/AFDC
 Unemployment Food Stamps No income

Income Period: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Annually

Gross Amount per Income Period: _____

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Employer Name	Address	City	State	Zip	Length of Empl.

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 Unemployment Food Stamps No income

Income Period: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Annually

Gross Amount per Income Period: _____

Type of Documentation Provided: _____

Employer Detail

Employer Name	Address	City	State	Zip	Length of Empl.

--Please attach more sheets as necessary to document income--

Note: All sources of income must be reported with the exception of employment income for household members under age 18

LIHEAP Specific Information
Application for LIHEAP Assistance

Head of Household Name: _____

LIHEAP Application Detail

Source(s) of Energy: Wood Electric Fuel Oil Coal Kerosene Natural Gas L.P. Gas

Home Energy Costs: \$ _____	*Public Housing/Section 8 Tenants Only* Amount of Utility "Overage" \$ _____
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Utility or Energy company to receive payment:
Utility Company Name:
Utility Company Address:
Phone:
Account #:

Additional Utility or Energy company:
Utility Company Name:
Utility Company Address:
Phone:
Account #:

Please attach annual energy usage documentation.

Have you received assistance under the LIHEAP Program since July 1, 2018 through any TN LIHEAP Agency? (circle) Yes No
If yes, which agency provided assistance? _____

I certify that the above account(s) in the name of _____
(last 4 digits of SSN) _____ relationship _____ is for the use of my household and I am responsible for its payments.

Is this account in your landlord's name? Yes No

Has your home ever been served under our Weatherization Assistance Program? Yes No

Are you interested in that program? Yes No

If applying for crisis assistance, please tell us why in the space below:
Has your electric or gas been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received a disconnection notice? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you have received a disconnection notice, please attach a copy to this application</i>

Applicant Certification

I certify that all of the information provided by me is true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of LIHEAP assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. 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 under provisions of the Low Income Home Energy Assistance Program. 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 USC § 1641(b), or eligible immigrants. I understand that I will be notified in writing of my eligibility status.

Identifying information provided by you for determination of your eligibility for LIHEAP 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 purposes directly related to the administration of the program(LIHEAP). I am the customer of record, the customer's authorized agent, or an authorized third party for the utility service account identified in this application, and I authorize my utility service provider to disclose my customer data as requested by the LIHEAP administering agency. I do _____ or do not _____ agree that the information contained in my application may be shared with other agencies from which I seek additional services.

Applicant signature: _____ Date: _____

No person on the basis of race, color, national origin, sex, age, 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 the LIHEAP program.

Grievance Procedures-Appeal Process

If a client wishes to appeal a decision they can follow the procedure outlined below.

An individual filing a grievance may do so within 30 days of denial of services by contacting the Liheap Director or Executive Director who will both review the file and respond to the grievance. The agency staff will assist the individual within 15 working days of being contacted and have the client fill out the agency form. The Grievance Committee from the Board of Directors can review the appeal in a fair and unbiased manner if the client wishes to continue the process. The grievance will be addressed within 45 working days and resolved within 90 working days. If the customer is still dissatisfied with the decision made by the Grievance Committee, he/she may request a review of the decision with the Tennessee Housing and Development Agency (THDA).

CSBG Specific Information

Head of Household Name: _____

Do you receive SNAP/Food Stamps? Yes No

If yes, does the food stamp assistance cover the total cost of food for your household for the month? Yes No

If no, how much additional money do you spend for food purchases each month? _____

Does your household have a wireless phone? Yes No Do you have a bank account? Yes No

Can you afford to buy all the personal hygiene items the household needs? Yes No

Does your household often struggle to pay monthly bills, food etc.? Yes No

Are you or is any household member a Veteran? Yes No

Are you or any household member paying fees or fines ordered by the court? Yes No

HOUSING Is your current home...	
<p>In Good Repair <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Needing Work? Please explain: _____ _____</p> <p>Warm in the Winter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Cool in the Summer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Been weatherized in the WAP Program since Sept. 30, 1994 through any TN WAP Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, which agency provided the service? _____</p> <p>When? _____</p>

Circle one in each column	
Child Care	I have RELIABLE Transportation:
No Children in the Home	Always Most of the Time Some of the Time Rarely Never
I Pay for Child Care \$ _____ Weekly	
I have receive a Child Care Voucher	
A friend/family member provides Child Care	
My child participates in Head Start/Early Head Start Location: _____	
My child needs Child Care	
My child is age appropriate to stay alone	

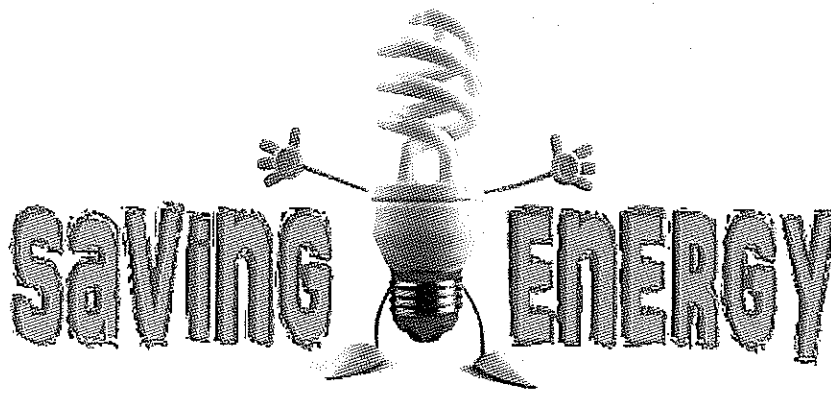
Applicant Certification

I verify that the above information is accurate to the best of my knowledge. I attest that the applicant and all household members are either a United States citizen or a qualified alien as defined by U.S.C. § 1641(b). I understand that applicants for Mid-Cumberland Community Action services must provide the basic proof of their economic situation, including income for all household members, and basic proof of their citizenship status. Furthermore, MCCAA is required to verify income and citizenship through proper documentation. If applicants do not provide adequate or required documentation, MCCAA will be unable to determine eligibility for assistance and no services can be rendered.

I do _____ or do not _____ agree that the information contained in my application may be shared with other agencies from which I seek additional services.

Applicant signature: _____ Date: _____

No person on the basis of race, color, 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 the LIHEAP program.



50 Low Cost/No Cost Energy Saving Measures to Help You Manage Your Home's Energy Costs

1. Replace any light bulb that burns more than one hour per day with its equivalent compact fluorescent bulb.
2. Turn off unnecessary lighting.
3. Replace outdoor lighting with its outdoor rated equivalent compact fluorescent bulb.
4. Use fixtures with electronic ballasts and T-8, 32-watt fluorescent lamps.
5. Use Outdoor security lights with a photocell and/or a motion sensor.
6. Wash clothes in cold water. Use hot water only for very dirty loads.
7. Do only full laundry loads.
8. If you must do smaller loads, adjust the water level in the washing machine to match the load size, especially when using hot water.
9. Always use cold-water rinse.
10. Use bath towels at least twice before washing them.
11. Clean your dryer's lint trap before each load.
12. Make sure that the outdoor dryer exhaust door closes when dryer is off.
13. Verify dryer vent hose is tightly connected to inside wall fitting.
14. Check that the dryer vent hose is tightly connected to dryer.
15. Make sure dryer vent hose is not kinked or clogged.
16. Minimize clothes drying time; use moisture sensor on dryer, if available.
17. Dry consecutive loads to harvest heat remaining in dryer from last load.
18. Consider using a "solar-powered" clothes dryer, an old fashioned clothes line.
19. Use microwave for cooking when possible.
20. Use your refrigerator's anti-sweat feature only if necessary.
21. Switch your refrigerator's power-saver to "ON", if available.
22. Set the refrigerator temperature to 36-40 degrees Fahrenheit and freezer temperature to 0.
23. Ensure gaskets around door seal tightly
24. Unplug unused refrigerators or freezers.
25. Clean refrigerator coils annually.
26. When cooking on the range, use pot lids to help food cook faster.
27. If you are heating water, use hot tap water instead of cold.
28. Remember to use the kitchen exhaust fan when cooking and turn it off after cooking.
29. Let hot food cool before storing in the refrigerator.

30. Use cold water for garbage disposal.
31. Only run dishwasher when fully loaded.
32. Rinse dirty dishes in cold water before putting g them into the dishwasher.
33. Use air-dry cycle instead of heat-dry cycle to dry dishes.
34. Turn computers and monitors off when not in use.
35. Make sure electric blankets are turned off in the morning.
36. Turn waterbed heater off when not needed.
37. Close shades and drapes at night to keep heat in during the winter.
38. Close shades and drapes during the day to keep heat out during summer.
39. Remember to turn off hair curling irons and hot rollers.
40. Change HVAC filters monthly.
41. Turn off pool pump and/or heater when not needed.
42. Verify livestock water tank heaters are off when not needed.
43. Make sure heat tape is off when not needed.
44. Unplug batter chargers when not needed.
45. Turn off coffee makers when not in use.
46. Set the thermostats to 75-78 degrees in summer, 68-70 degrees in winter.
47. Run ceiling paddle fans on medium, blowing down in summer; and on low, blowing up in winter.
48. Turn large screen TV's off completely when not in use.
49. Turn off stereos and radios when not in use.
50. Ensure all new appliances you purchase are Energy Star approved.

