

Mid East Community Action Agency

WHITE PAPER

P.O. Box 790 - Kingston, TN 37763

- Common Intake Application -

Last Name: _____ First Name: _____ Phone Number: _____

Street Address: _____ Mailing Address: _____

City: _____ State: TN Zip: _____ County: Roane Loudon Other: _____

HOUSING INFORMATION: Rent Own Homeless Public Housing HUD Section 8

PROGRAM APPLYING FOR: CSBG LIHEAP USDA WAP EF&SP Local Senior Services Other

Information of each Household Member

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

Name	DOB	(Required or application will be denied) Full S.S.#	Sex M/F	Race	Disabled	Food Stamps	Hlth Ins	Veteran	Educ Lev	Relation	Income Source	Monthly Income	
1.			M F		Y N	Y N	Y N	Y N					
2.			M F		Y N	Y N	Y N	Y N					
3.			M F		Y N	Y N	Y N	Y N					
4.			M F		Y N	Y N	Y N	Y N					
5.			M F		Y N	Y N	Y N	Y N					
6.			M F		Y N	Y N	Y N	Y N					
HH # _____											TOTAL Monthly Income		\$
											TOTAL Yearly Income		\$

Office Use Only: _____ **Income Verification:** Bank Stmt Check Stub Accent Award Letter

I certify to the best of my knowledge that all of the information provided by me is true and correct. I also authorize the verification of any and all information for the purpose of certification and for assistance, and **DO** _____ or **DO NOT** _____ agree that the information contained in my application may be shared with or compared with the outcomes of other agencies from which I seek additional services. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is liable to prosecution under applicable criminal laws. I also certify that I have been informed of the appeal process under provisions of this agency and that I shall be notified (written or verbal) of my eligibility status within the time period acknowledged to me by MECAA personnel.

Applicant Signature: _____ Date: _____

If Representative, give relationship and reason for signing: _____

Intake Worker Signature: _____ Date: _____

LIHEAP Application

State Approved 06/03/10

Purple Paper

Has your home been weatherized? Yes No

Would you be interested in the Weatherization Program? Yes No

If disabled: Do you receive regular financial assistance for disability? Yes No

Do you have a signed medical statement that medical life support equipment is required for your household? Yes No

Frail Elderly? Yes No

State your disability (documentation not required) _____

Mark **ONLY** the source of energy you want assistance with and the supplier who provides your services.

Electric Natural Gas Coal Wood Kerosene Fuel Oil LP Propane

Utility Board/Energy Supplier Name: _____

Account Name: _____

Account Number: _____

I have _____ or have not _____ received LIHEAP since July 1 of this year through any Tennessee LIHEAP agency? If yes, which agency provided the assistance? _____

Public Housing/Section 8 tenants ONLY: (attach documentation of the below charges)

Overage Amount \$ _____ (Overages must be for the month of or month before application date)

Office Use Only

Categorically Eligible: Yes No

(Please circle the type of assistance received)

Benefit \$ _____

Energy Assistance Crisis Assistance

Pre-Certification Worker: _____ Date: _____

Certification Worker: _____ Date: _____