

# Mid-East Community Action Agency

Mailing Address  
P.O. Box 43  
Rockwood, TN 37854

Office Location  
2919 Roane State Hwy (Hwy 70)  
Midtown, TN

[www.mecaa.net](http://www.mecaa.net)

Roane & Loudon  
Counties

Phones  
865-354-0450  
Fax 865-882-2866

## \*\*\*ATTENTION\*\*\*

To complete your application for energy assistance you must provide the following information or your application could be **denied**

- 1. Proof of Current Gross Monthly Income for each member of Household** (Note: If the household has zero income, you must provide a letter from someone that has been assisting you with your utility bill or provide information on how the household is existing with zero income)
- 2. Highest Utility Bill from the last twelve months**  
(If you do not keep your utility stubs, you CAN get a printout from the utility board)  
**This can make a big difference in your approval amount if you provide this information!!!!!!!This could also make a difference if your approved or not!!!!!!!**

*If you use wood, coal, kerosene, etc. Turn in your receipts for the last twelve months.*

- 3. Birth Dates and Social Security Numbers for each Household member.**
- 4. If you are interested in the Weatherization Program, you MUST complete a separate application for that service.**
- 5. Please Note: Any original documents you send of your income, utilities, etc, will not be returned. Please send copies.**

**Mid East Community Action Agency**

P.O. Box 43 - Rockwood, TN 37854

- Common Intake Application -

**WHITE PAPER**

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	S.S.# (Optional)	Sex M/F	Race	Disabled	Food Stamps	Hith Ins	Veteran	Educ Lev	Relation	Income Source	Monthly Income	
1.													
2.													
3.													
4.													
5.													
6.													
HH # _____											<b>TOTAL Monthly Income</b>		\$
											<b>TOTAL Yearly Income</b>		\$

**Office Use Only:** **ACCENT/ Microfiche Verification:** Page # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  SSI  AFDC/F First  Food Stamps

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 eligibility determination and 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Representative, give relationship and reason for signing: \_\_\_\_\_

Intake Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LIHEAP Application

Has your home been weatherized?  Yes  No  
Would you be interested in the Weatherization Program?  Yes  No

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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: \_\_\_\_\_

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**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)

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## Office Use Only

(Please circle the type of assistance received)  
Energy Assistance      Crisis Assistance

Pre-Certification Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Certification Worker: \_\_\_\_\_ Date: \_\_\_\_\_

## Energy Burden

**Electric Company:** \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**Other Energy Company:** \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

(Please write additional information on the back, if needed)

Attach all documentation reflecting the below costs

<b>Electric and Natural Gas</b>				<b>Home Delivery</b>	
Use the highest charge within the last twelve months from the date of application				Add all charges within last twelve months from the date of application	
Electric		X 12 =		Coal	
Natural Gas		X 12 =		Fuel Oil	
				Kerosene	
				L.P. Gas	
				Wood	
<b>TOTAL</b>				<b>\$</b>	
<b>TOTAL</b>				<b>\$</b>	
<b>GRAND TOTAL \$</b>					

### Office Use Only

\$ \_\_\_\_\_ (Total documented **energy costs**) **Divided** by the \$ \_\_\_\_\_  
 (Total documented **annual income** for the household) **Multiplied** by **100** = \_\_\_\_\_ %  
**(Energy Burden Percentage)**

Note: Do NOT round up. Use actual percentage.