

# 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 Weatherization 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 could make a difference on the timeframe you receive assistance!!!!!!!!!!!!**
- 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 Low Income Home Energy Assistance Program (LIHEAP), 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.**
  - 6. Make sure you complete front and back on the entire application.**

*Mid East Community Action Agency does not discriminate on the basis of race, national origin, sex, disability, or age in its programs, activities, and employment.*

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

## 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.

# Weatherization Assistance Program

Blue Paper

Client Name: \_\_\_\_\_

---

**Ownership Information:** Circle which method of ownership was used:

Mortgage Payment Book      Current Tax Receipt      Other Verification: \_\_\_\_\_

Property Owner ONLY:

1. Allow survey and inspection of dwelling unit inside and outside
2. Allow installation of weatherization materials as required
3. Allow supervision of installation
4. Allow follow-up inspection of work
5. Such other particulars as may be attached to this agreement

As the property owner, I agree to allow Mid East Community Action Agency to complete work on the dwelling unit listed on my application in accordance with the above listed provisions.

Owner Signature:   X   \_\_\_\_\_ Date: \_\_\_\_\_

---

**Photo Release**

Mid East Community Action Agency would like to keep a file and celebrate successful programs. We ask permission to photograph your home before, during and after all work is completed or while in progress. We would like to share the photographs with interested audiences such as; media, Tennessee Housing Development Agency, partner agencies, etc.

By signing below, you give Mid East Community Action Agency and approved Contractor to take and distribute photographs.

Client Signature:   X   \_\_\_\_\_ Date: \_\_\_\_\_

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

**HOUSING INFORMATION: (PLEASE CHECK AS APPROPRIATE)**

**BLUE PAPER**

**TYPE OF STRUCTURE:**  Single Family     Owner Occupied     Rental     Public Housing     Private Multi-Unit  
 One Story     Two Story     Three Story     Split Level     Mobile Home

**EXTERIOR TYPE:**  Wood/Masonite     Aluminum/Steel/Vinyl     Stucco     Brick/Stone     None     Other  
Square Feet: \_\_\_\_\_

---

If you rent your dwelling unit, please provide the following landlord information:

Landlord Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

---

**CATEGORICAL ELIGIBILITY:**

- Does any member of your household receive Supplemental Security Income (SSI) or cash assistance under the Families First Program? \_\_\_\_ Yes \_\_\_\_ No If "YES" please attach any documentation of this income, sign and date the statement below.
- Adult Protective Service Referral? \_\_\_\_ Yes \_\_\_\_ No
- Household with high energy burden? \_\_\_\_ Yes \_\_\_\_ No
- Do you receive regular financial assistance for a disability? \_\_\_\_ Yes \_\_\_\_ No
- Do you have a permanent disability? \_\_\_\_ Yes \_\_\_\_ No
- If you claim handicapped status, describe your disability in your own words. (Formal verification not required) \_\_\_\_\_

---

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

Are there any known plans for the government acquisition or clearance of dwelling unit: \_\_\_\_ Yes \_\_\_\_ No (If "YES", the TDHS is to be notified before any action is taken on the application.)

Total Annual Household Income Determined: \$ \_\_\_\_\_

Categorically Eligible: \_\_\_\_ Yes \_\_\_\_ No

Application Status:     Approved     Denied

**Priority Points:** \_\_\_\_\_

Determining Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_