



**Metropolitan Action Commission**  
**Community Services Division**  
**Low Income Home Energy Assistance Program**  
**(LIHEAP) Application**  
*July 1, 2008 thru June 30, 2009*

**APPLICANT INFORMATION**

|   |  |   |
|---|--|---|
| Name:   |  | Medical Insurance: <input type="checkbox"/> |
|   |  | YES <input type="checkbox"/> NO             |
| Date of Birth: / /  | Sex: <input type="checkbox"/> M <input type="checkbox"/> F   | SSN: - -                                    |
| Current Address:  |  |   |
| City:   | State:   | Zip Code:                                   |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Section 8 |  | Phone: ( )                                  |
| Monthly Rent or Mortgage Amount \$  |  | How long?                                   |
| Disabled<br><input type="checkbox"/> Yes <input type="checkbox"/> No                          | Race: <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/><br><input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races <input type="checkbox"/><br>Other |   |

**OTHER MEMBERS OF HOUSEHOLDS**

|                 |  |                            |  |
|-----------------|--|----------------------------|--|
| Name:           |  | Relationship to Applicant: |  |
| SSN: - -        | Date of Birth:   | Sex:                       | Medical Insurance:<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Monthly Income: | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No | Education:                 | Race:  |
| Name:           |  | Relationship to Applicant: |  |
| SSN: - -        | Date of Birth:   | Sex:                       | Medical Insurance:<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Monthly Income: | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No | Education:                 | Race:  |
| Name:           |  | Relationship to Applicant: |  |
| SSN: - -        | Date of Birth:   | Sex:                       | Medical Insurance:<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Monthly Income: | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No | Education:                 | Race:  |
| Name:           |  | Relationship to Applicant: |  |
| SSN: - -        | Date of Birth:   | Sex:                       | Medical Insurance:<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Monthly Income: | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No | Education:                 | Race:  |

**If you need additional space for other members of household, please ask for an additional member sheet from case manager.**

**EMPLOYMENT INFORMATION/OTHER SOURCES OF INCOME**

|  |   |   |
|--|---|---|
| Present Employer:  |   |   |
| Gross Income Amount (for all Members of household)<br>\$ | (Please check)<br>Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> | Other Sources of Income:<br>SS <input type="checkbox"/> SSI <input type="checkbox"/> AFDC <input type="checkbox"/><br>Pension <input type="checkbox"/> Child Support <input type="checkbox"/> |

**ENERGY SUPPLIER**

|   |                 |
|---|-----------------|
| Name of Energy Supplier:  |                 |
| Name on Bill:   | Account Number: |
| Type of Assistance Applying for:      Electric      Gas      Other      (please circle) |                 |

**Has your residence been insulated under the Weatherization Program by MDHA?**

Yes   No   (please circle)

**Are you interested?   Yes   No   (please circle)**

**OFFICE USE ONLY:**      (Applicant do not complete)

\_\_\_\_\_  
Community Service Staff

\_\_\_\_\_  
Date

**PLEASE CHECK IN BOX TO VERIFY THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT.**

I certify to the best of my knowledge all of the information given 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 other agencies from which I seek additional services. I understand that if I withhold any information or submit false 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.

I understand that I will be notified of whether this application has been accepted or rejected. **I understand that notification for acceptance of my application does not guarantee I will receive the requested assistance within any certain time period.** I also understand that I may appeal any decision to reject my application in accordance with the grievance procedures outlined by the Metro Action Commission.

I certify that from July 1, 2008 through June 30, 2009 neither I, nor any member of my household received LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) services from the Metropolitan Action Commission. **Regardless as to whether this application is ultimately accepted or rejected by the Metropolitan Action Commission, I understand that paying my utility bill remains my responsibility.** The Metropolitan Action Commission reserves the right to reject my application for assistance. Should the Metropolitan Action Commission accept my application and provide the requested assistance, such action shall not constitute accepting responsibility for maintaining my account.

To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the Metropolitan Government, officers, agents, employees, and volunteers from and against any and all liabilities, claims, demands 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, whether due to negligence, mistake or other action or inaction of the Metropolitan Government or any other person or entity.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

*For additional information on completing the application please call  
Ms. Brenda Gill (615) 862-8860 extension 124.*

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FY 2009 INCOME GUIDELINES**

| <b>Members in Household</b> | <b>Monthly Limit</b> | <b>Annual Limit</b> |
|-----------------------------|----------------------|---------------------|
| 1                           | \$1,083.33           | \$13,000.00         |
| 2                           | \$1,458.33           | \$17,500.00         |
| 3                           | \$1,833.33           | \$22,000.00         |
| 4                           | \$2,208.33           | \$26,500.00         |
| 5                           | \$2,583.33           | \$31,000.00         |
| 6                           | \$2,958.33           | \$35,500.00         |
| 7                           | \$3,333.33           | \$40,000.00         |
| 8                           | \$3,708.33           | \$44,500.00         |

**Metropolitan Action Commission  
Community Services Division  
1624 5<sup>th</sup> Avenue North  
Nashville, TN 37208  
Phone: 615-862-8860**

*For family units with more than 8 members, add \$4,500 annually*

**Please attach copies of the following documents:**

- Current and Active Utility Bill from NES or Piedmont Gas (**No Final Bills Accepted**)
- Current proof of income for all members of household (Supplemented Secured Income (SSI), Families First, Child Support, Last Check Stub, etc.)

**NOTE: Incomplete application will delay the process to be assisted.  
ONLY ORIGINAL APPLICATION WILL BE ACCEPTED FOR REVIEW.  
NO COPIES PLEASE.**