

Metropolitan Action Commission

Rent, Mortgage and Water Payment Assistance

Assistance with Rent, Mortgage and Water Payments

This program is for Davidson County Applicants with an unexpected loss of income due to issues such as layoffs/furloughs, injury or a reduction of hours.

Seasonal employees such as seasonal (construction, lawn service), temporary, commission paid employees or on-call or as needed positions are not eligible for this program, unless your loss of pay is due to COVID-19.

Supporting Documentation Needed based on situation:

(If you are having trouble getting the required documentation, please let us know so that we can help or obtain the item electronically or call for verification)

- **Job Loss**-Unemployment Benefit Statement from the Tennessee Department of Labor
- **Job Loss or reduction due to medical condition**-Physician documentation (if due to medical condition), pay stubs before and after loss of income
- **Reduction in pay, layoff or job closure not currently receiving Unemployment Benefits** (Most recent check stub showing income prior to loss of income, Letter from employer stating layoff, reduction in pay or closure)
- **Self-employed** applicants must provide income tax return from the previous year and earned income records for the current year

Rent and Mortgage Applicants please provide the statement from the mortgage company/landlord stating the amount due.

Water Payment Applicants please provide most recent bill statement from your water company.

All applications must provide:

- Current check stubs for one month income
- Check stubs from before loss of income
- State issued ID for each adult in household
- Social Security Cards for each family member

Payments are made directly to the utility, landlord, leasing company or mortgage company.

2020-21 Income Eligibility Based on Household Size

Members in the Household	Annual Income Limit
1	\$23,107
2	\$31,284
3	\$39,461
4	\$47,638
5	\$55,815
6	\$63,992
7	\$72,169
8	\$80,346
Over 8 add \$8,177	

Hours of Operations
Monday-Friday 8:00 am - 4:30 pm
800 Second Avenue North
We have a secure onsite drop box for applications supporting documents.

Applications and documents may also be mailed to:
P.O. Box 196300
Nashville, TN 37219-6300

For more information and applications visit our web page
www.nashville.gov/mac

Metropolitan Action Commission
Application for CSBG Services (Community Service Block Grant)



For Agency Office Use Only
 Date Application Received: _____
 Date Application Completed: _____
 Application Status: Approved Denied

Service applying for: Nutrition Health Emergency Services Other MAC4Jobs
 Education Income Management Housing

Applicant Name (First & Last)			Home Phone:		
Current Address:		City		Cell Phone:	
County:		State	Zip	Email Address	
Mailing Address (If different from current address)		State	Zip		

LIST ALL HOUSEHOLD MEMBERS INCLUDING APPLICANT. USE ADDITIONAL PAPER IF YOU NEED MORE SPACE

NAME (Must provide first and last name)	Relationship to applicant	Social Security Number	Date of birth	Age	Sex	Race (optional to provide) White, black, Hispanic, Asian Pacific, Islander, Native American, Native Alaskan, Other-define	Highest Grade of School Completed	Veteran (Yes or No)	Do you Receive Food Stamps (yes or no)	Have you previously received assistance from this agency (yes or no)
Applicant										
Household Member										
Household Member										
Household Member										
Household Member										
Household Member										

Housing (please check one) Own Rent Section 8 Public Housing Authority Homeless HUD

Child Care: Do you need child care? Y or N If yes, it is reliable? Y or N
 I don't have any children I pay for child care \$_____/week. Type of care: _____ I have subsidized childcare (certificate)
 A friend or family member provides care My child/children participate in Head Start/Early Head Start, which location? _____
 My child/children are in school with appropriate after school care My child/children are in school without appropriate after school care.
 I do not have affordable child care options Other _____

Health: Do you have health insurance? Y or N
 I have medical insurance provided by my employer. My household members have medical insurance provided by my employer. I am provided sick leave benefits.
 I have a retirement plan My household members have TennCare, Medicaid, Medicare or some other medical insurance provided by the government. I do not have medical insurance
 My household members do not have supplemental medical insurance. I have supplemental prescription assistance to help pay for medications. I have a copy for my medications I do not have supplemental medical insurance to help pay for my medications. I (or any household members) often go without my medication due to lack of money. Other: _____
 I have a medical condition that affects my ability to contribute to my household. If so, please explain: _____

Nutrition: Does your family experience food insecurity for 1 or more times throughout the month? Y or N Are you satisfied through food banks/commodities? Y or N

Supports: Do you have other family, community or agency supports? Y or N. If yes, please explain

Transportation: Do you have transportation? Y or N. Do you have a ___car ___bus ___ride with family or friends ___ Other _____ Is it reliable? Y or N

Income (List ALL income information for applicant all ALL other household members. Use additional paper if more space is needed)
 (You must attach income documents for every person with income in the household)

Name	Source of Income	Gross Monthly Income	If employed, provide employer's name and address	Hire date (if applicable)	Full-time, Part-Time, Temporary Seasonal	Is the income reliable?
	<input type="checkbox"/> Employment <input type="checkbox"/> SS/SSI/VA <input type="checkbox"/> TANF <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> Other _____					
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CSBG Statement of Need (please tell us why you need assistance)-Please print

How many people living in the home		How close is the nearest...		Please Check Services	
<input type="checkbox"/> Under 1 year <input type="checkbox"/> 4 years old	<input type="checkbox"/> 12-23 months <input type="checkbox"/> 5 years old	Head Start or child care Center <input type="checkbox"/> 5 miles or less		<input type="checkbox"/> Education	<input type="checkbox"/> Employment
<input type="checkbox"/> 65 years or older	<input type="checkbox"/> How many disabled? Ages _____	<input type="checkbox"/> More than 5 but less than 10 <input type="checkbox"/> 15 or more <input type="checkbox"/> I don't know		<input type="checkbox"/> Nutrition	<input type="checkbox"/> Health
				<input type="checkbox"/> Emergency Services	
				<input type="checkbox"/> Legal Services	<input type="checkbox"/> ESL
				<input type="checkbox"/> Budget/Financial Management	
Employment		Adult Education		Housing	
<input type="checkbox"/> Unemployment <input type="checkbox"/> Temp/PT/Seasonal <input type="checkbox"/> Permanent Stable job without benefits <input type="checkbox"/> Permanent Stable job with benefits		<input type="checkbox"/> No GED or HS diploma; cannot read or write <input type="checkbox"/> No HS diploma or GED; has basic skills <input type="checkbox"/> HS diploma/GED; functional math and literacy skill <input type="checkbox"/> Enrolled in post-secondary or other training class <input type="checkbox"/> Has certificate, AAS, BS, Masters, or higher		<input type="checkbox"/> Homeless, substandard, <input type="checkbox"/> Unaffordable, transitional, temporary shelter, safe <input type="checkbox"/> Safe/secure, subsidized public housing <input type="checkbox"/> Safe/secure, nonsubsidized; renter <input type="checkbox"/> Safe/secure, nonsubsidized; homeowner	

Applicant Certification:

I certify that all of the information provided by me is true and correct. 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. I understand that I will be notified in writing of my eligibility status. Identifying information provided by you for determination of your eligibility for CSBG 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 the purposes directly related to the administration of the CSBG program I attest under penalty of perjury that all persons applying for our receiving aid are either a United States citizen or qualified person as defined by U.S.C 1641 (b), or eligible immigrants. I swear under penalty of perjury (a crime for lying under oath) and all other applicable penalties that the statements made on this application, any attachments and to whoever interviewed me are true and correct. I understand that anyone who fraudulently covers up material fact or who knowingly gives false information for the receipt of CSBG assistance is liable upon conviction of a fine of \$10,000 or imprisonment for not more than five years or both.

I DO or DO NOT agree that the information contained in my application may be shared with other agencies from which I seek additional

Applicant Signature: _____

Date: _____

If Representative for applicant, give relationship and reason for signing: _____

No person on the basis of race, color, national origin, sex, age, disability, ancestry, status as 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 CSBG program.

To be completed by agency

Number in Household _____
 Total Income: _____
 Total Annual Income: _____
 Eligibility:
 Method of Eligibility: Verification or Self-Declaration
 Customer notification: Verbal or written
 Eligibility Period: ___/___/___ to ___/___/___
 Intake worker signature: _____
 Determining agency official signature _____

Date/Time taken : _____
 National Goal: #1 or #6
 Goal was: Achieved Maintained Not achieved
 Explain: _____
 Date certified: _____
 Date: _____

3/31/2020