



# Douglas-Cherokee Economic Authority Inc.

P.O. Box 1218 Morristown TN 37816 Phone: 423-587-4500 www.douglascherokee.com

*Community Services Application FY 2025*

Received stamp:

Name (First, MI and Last): \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ TN Zip: \_\_\_\_\_ Mailing Address (if different than above): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Circle the County you live in: **Cocke Grainger Hamblen Jefferson Monroe Sevier**

**HOUSING INFORMATION:**  Rent  Own  Homeless  Other \_\_\_\_\_  Public Housing  Section 8 If utilities are in PHA or Section 8 name, amount of overage \$ \_\_\_\_\_

**Please check any service below that you may need assistance with or information about.**

**SERVICES:**  Head Start/Child Care  Medical/Dental/Rx  Nutrition Services  Utilities  Energy Efficiency  Water  Self-sufficiency/Employment  Housing

Education  Tutoring  HVAC Repair  Rent/Mortgage  Necessity Closet  Infant Care Items  Property taxes (age 60+)

Name	Marital Status	DOB	Age	(Inability or Refusal to provide SSN may result in denial, unless child under 1 yr old) Full S.S.#	Ethnicity/Race	Sex	Disabled	Veteran	Active Military	Food Stamps	WIC	Child Care Voucher	Medical Ins	Type of Health Insurance	Education level	Relation To the Applicant	Income Type/Source	Monthly Income
						M/F												
1.				- -		M	F	Y	N	Y	N	Y	N	Y	Y			
2.				- -		M	F	Y	N	Y	N	Y	N	Y	Y			
3.				- -		M	F	Y	N	Y	N	Y	N	Y	Y			
4.				- -		M	F	Y	N	Y	N	Y	N	Y	Y			
5.				- -		M	F	Y	N	Y	N	Y	N	Y	Y			
6.				- -		M	F	Y	N	Y	N	Y	N	Y	Y			
7.				- -		M	F	Y	N	Y	N	Y	N	Y	Y			
8.				- -		M	F	Y	N	Y	N	Y	N	Y	Y			
9.				- -		M	F	Y	N	Y	N	Y	N	Y	Y			
10.				- -		M	F	Y	N	Y	N	Y	N	Y	Y			

# in HH \_\_\_\_\_ Method of Eligibility:  Verified \_\_\_\_\_  Self-Declaration: \_\_\_\_\_ Total Household Income: \_\_\_\_\_

Have you been served by this agency since October 1, 2024? Yes \_\_\_\_\_ or No \_\_\_\_\_

Do you have reliable transportation? Yes \_\_\_\_\_ or No \_\_\_\_\_

If anyone in the household is employed, please list Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Start date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Start date: \_\_\_\_\_

**NOTE: YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN THE HOUSEHOLD**

Please see back page to complete and sign this application

**Has your home been served under the Weatherization Program? Yes \_\_\_ or No \_\_\_**  
**Are you Interested in the Weatherization Program Yes \_\_\_ or No \_\_\_**  
**Do you have a disconnect notice currently? Yes \_\_\_ or No \_\_\_ DO YOU NEED EMERGENCY ASSISTANCE? Yes \_\_\_ or No \_\_\_**  
**Are your utilities (Electric, Natural Gas, or Water) disconnected? Yes \_\_\_ or No \_\_\_**  
**Are you in short supply, or completely out of a Home Delivered Fuel Source or Wood? Yes \_\_\_ or No \_\_\_**

**Please circle the Energy Sources you use in your home: Electric Natural Gas LP Propane Kerosene Fuel Oil Wood Coal**

1)Energy Supplier Name or Utility Board 1<sup>st</sup> choice to be paid: \_\_\_\_\_ Acct #: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_  
 Name on Account: \_\_\_\_\_ If in another person's name, who is responsible for the bill payment? \_\_\_\_\_

2)Energy Supplier Name or Utility Board 2<sup>nd</sup> choice to be paid: \_\_\_\_\_ Acct#: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_  
 Name on Account: \_\_\_\_\_ If in another person's name, who is responsible for the bill payment? \_\_\_\_\_

3)Water Vendor information: \_\_\_\_\_ Water Acct#: \_\_\_\_\_ Water Vendor Phone: \_\_\_\_\_  
 Name on Account: \_\_\_\_\_ If in another person's name, who is responsible for the bill payment? \_\_\_\_\_

Please tell us about your situation and why you need our services:

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How do you plan to address your situation going forward, what are your goals?

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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, LIHEAP, or any other fund source under this Agency, 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 purposed directly related to the administration of the program funds provided by CSBG, LIHEAP, or any fund sources used for the above services through this Agency. I attest under perjury that all person applying for and receiving aid are either a United States citizen or qualified alien as defined by 8 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 a material fact or who knowingly gives false information for the receipt of CSBG, LIHEAP, or any services funded under the Community Services Program through Douglas-Cherokee Economic Authority Inc., is liable upon conviction of a fine of \$10,000 or imprisonment for not more than five years, or both. I am the customer of record, the customer's authorized agent or an authorized third party for the service account(s) identified in this application, and I authorize my service Provider/Vendor, for the service(s), that I applied for, to disclose my customer data as requested by the administering Agency listed on this application.

I DO \_\_\_ OR DO NOT \_\_\_ AGREE THAT THE INFORMATION CONTAINED ON MY APPLICATION MAY BE SHARED WITH OTHER AGENCIES FROM WHICH I SEEK ADDITIONAL SERVICES.

**Applicant Signature** \_\_\_\_\_ **Representative (Relationship/reason for signing)** \_\_\_\_\_ **Date** \_\_\_\_\_  
 DCEA Intake Worker: \_\_\_\_\_ Date: \_\_\_\_\_

*Douglas-Cherokee Economic Authority Inc. does not discriminate on the basis of age, race, color, national origin, sex, disability, ancestry, status as a 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 any DCEA Programs, or treatment of clients, or employees. This includes CSBG, LIHEAP, and all fund sources used by this Agency.*