

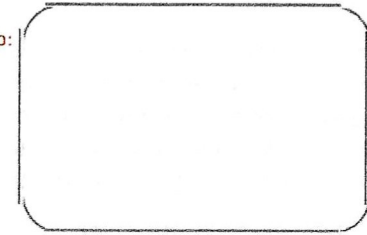


Douglas-Cherokee Economic Authority Inc.

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

Community Services Application FY 2024

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+) USDA Commodities

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 M/F	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
1.				- -		M F	Y N	Y N	Y N	Y N	Y N	Y N	Y N					
2.				- -		M F	Y N	Y N	Y N	Y N	Y N	Y N	Y N					
3.				- -		M F	Y N	Y N	Y N	Y N	Y N	Y N	Y N					
4.				- -		M F	Y N	Y N	Y N	Y N	Y N	Y N	Y N					
5.				- -		M F	Y N	Y N	Y N	Y N	Y N	Y N	Y N					
6.				- -		M F	Y N	Y N	Y N	Y N	Y N	Y N	Y N					
7.				- -		M F	Y N	Y N	Y N	Y N	Y N	Y N	Y N					
8.				- -		M F	Y N	Y N	Y N	Y N	Y N	Y N	Y N					
9.				- -		M F	Y N	Y N	Y N	Y N	Y N	Y N	Y N					
10.				- -		M F	Y N	Y N	Y N	Y N	Y N	Y N	Y N					

in HH _____ Method of Eligibility: Verified _____ Self-Declaration: _____ Total Household Income: _____

Have you been served by this agency since October 1, 2023? 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 1st 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 2nd 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:

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

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 purposes 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: _____