



United Way
of McMinn and Meigs Counties

MCMINN-MEIGS ASSIST

Rent, Utility, and Food Assistance

QUALIFICATIONS TO BE CONSIDERED FOR ASSISTANCE THROUGH THIS PROGRAM:

- Applicants must be 18 years of age or older.
- Must have experienced an unexpected occurrence such as loss of income, medical emergency, or disaster.
- Applicants must be residents of McMinn County or Meigs County in Tennessee.
- The residences for which the assistance is to be applied must be located within McMinn or Meigs counties.
- Applicants must be the head of household.
- In cases of **rent assistance**, the landlord of the residence for which the assistance is to be applied cannot be a relative of the applicant. **A copy of your lease must be provided with the application.**
- In cases of **utility assistance**, utilities must be in the applicant's name. **A copy of your most recent utility bill must be provided with the application.**

COPIES OF THE FOLLOWING DOCUMENTATION ARE REQUIRED FOR APPLICATIONS TO BE CONSIDERED:

- Photo Identification for all in household 18 and older (Driver's License, Passport, or State ID).
- Proof of income for last three months (pay stubs, Social Security award letter, etc.)
- Copy of your current lease (rent assistance only).
- Copy of your current utility bill (utility assistance only).
- Copy of the landlord verification form (rent assistance only).

Assistance through this program will be provided on a first come, first-served basis. The assistance program offers a maximum of \$500 to go towards rent, utilities, or a combination of both. Only one rent and/or utility assistance payment per applicant will be given every six (6) months. Only completed applications including all required documentation will be processed to determine what, if any, assistance can be provided. Failure to provide all required documentation with the application will result in the application being denied. For questions about this program, please call 423-252-4798 and leave your name, number, and a brief message.

I am applying for the following assistance (Circle all that apply): Rent Utility Food

Applicant First and Last Name (Printed): _____

Property Address: _____

E-Mail Address: _____ Phone# _____

Is This Your Primary Address? Yes No Do You Currently Reside at this Address? Yes No

Reason for Applying for Assistance (Please Print / Use Separate Sheet of Paper If Needed):

My annual household income is: \$ _____

Income is defined as total annual gross income (before taxes) of all family and non-family members age 18 and older living in the household. All sources of income must be counted from all persons in the household based on income anticipated to be received within the next twelve (12) months.

The dollar (\$) value of my household's assets is: Less than \$5,000.
Above \$5,000 (Total: \$ _____)

Assets are defined as funds available/accessible to the applicant and includes money in savings and checking accounts; stocks; bonds; certificates of deposit (CDs); 401(k), IRA, and other retirement accounts; surrender value of life insurance; equity in real estate other than your primary residence; etc.

Total Number of People Living in the Home: _____

List all current household members below, including relationship to applicant (i.e., spouse, sibling, child).

Household Member Name	Relation to Applicant	Age
_____	APPLICANT	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you or any member of the household applied for rent assistance, utility assistance, and/or food assistance from any other agency within the past six (6) months? ☐ Yes ☐ No

If yes, list names of agencies, dates applied, if/when assistance was awarded, and amount of assistance (use a separate piece of paper if needed):

Do you receive Food Stamps? ☐ Yes ☐ No

Do you received other state/federal aid ☐ Yes ☐ No

Do you reside in federally subsidized housing? ☐ Yes ☐ No

APPLICANT SIGNATURE/CERTIFICATION

By signing below, I certify that the information provided in this application is accurate and complete. I further certify that I am a resident of McMinn County or Meigs County, Tennessee. I further acknowledge that an incomplete application will not be considered and that meeting program eligibility requirements does not guarantee assistance will be provided. I authorize the United Way of McMinn & Meigs Counties by my signature to verify all information I have provided in this application. I acknowledge and understand any false statements or false information provided by me on this application will result in immediate denial of my application for this program. I further understand that submitting an application does not guarantee I will receive assistance, and I agree to hold harmless the United Way of McMinn & Meigs Counties, its employees, Board of Directors, and volunteers.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Date Received By UWMM: _____

Staff Initials: _____

Action Taken After Review: _____
