



McMinn Senior Activity Center

Food, Safety, and Home Repair Assistance

Funded by a grant provided by the VEC Customers Share Program

Qualifications to be considered for the Senior Safe at Home Program:

Senior citizens in McMinn County will be able to apply for funds to help with a multitude of needs that fall under one of three categories- **Food Insecurity**, **Senior Safety**, and **Home Repair**. Funds distributed by the Safe at Home program will not cover the entire costs requested. Applicants may apply for up to 20% of the cost of the need. Along with the application process seniors will have to meet certain requirements in order to qualify for funding assistance. These include:

1. Be aged 60 and older
2. Reside in McMinn County
3. Meet financial requirements that will be based on annual income that is calculated by the total annual income earned by all household members, including wages, tips, social security benefits, child support, and other income sources. (Please see attachment for income limits). There are some exceptions to income limits. For example, households that include a person with a disability or if the senior applying is the sole caregiver of a grandchild(ren) may be eligible for higher income limits.
4. Applicants must work with the MSAC Senior Advocate and must have exhausted all other funding resources.
5. Applicants may only apply for funds one (1) time per year (within 365 days) but applications will be available year-round as long as funding is available and will be processed in the order they are received.

Copies of the following documentation are required for applications to be considered:

1. Photo identification for all in the household aged 18 and older (Driver's license, passport).
2. Proof of income for the last three (3) months (pay stubs, Social Security award letter, etc.)

Assistance through this program will be provided on a first-come, first-served basis. 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 423-745-6830.

I am applying for the following assistance Food Assistance Senior Safety Home Repairs

Applicant Information:	
Applicant First & Last Name (Printed):	
Property Address:	
Phone #:	Email:
Is this your primary address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently reside at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for applying for Assistance (Please print/use separate sheet of paper if needed):	

Income Information:
<i>Income is defined as total annual gross income (before taxes) of all family and non-family members aged 18 and older living in the household. All sources of income must be counted from all people in the household based on income anticipated to be received within the next twelve (12) months.</i>
My annual household income is \$: _____
<i>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.</i>
The dollar (\$) value of my household's assets is: <input type="checkbox"/> Less than \$5,000 <input type="checkbox"/> Above \$5,000 Total \$: _____

Household Information:		
List all current household members below, including relationship to applicant (i.e., spouse, sibling, child). Total number of people living in the home: _____		
Household Member Name	Relation to Applicant	Age
	APPLICANT	

Previous Assistance:
Have you or any member of the household applied for assistance from any other agency within the past six (6) months? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list names of agencies, dates applied, if/when assistance was awarded, and amount of assistance (use separate piece of paper if needed):
Do you receive Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive other state/federal aid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you reside in federally subsidized housing: <input type="checkbox"/> Yes <input type="checkbox"/> 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, 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 McMinn Senior Activity Center 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 does not guarantee I will receive assistance, and I agree to hold harmless the McMinn Senior Activity Center, its employees, Board of Directors, and volunteers.

Applicants Signature:

_____ Date: _____

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For Office Use Only		
Date Received By MSAC:	Staff Initials:	
Action taken after review:		
Amount Awarded:	Date Payment Made:	Check #: