

Phone number:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ Date

If you wrote Shelburne Falls, what city do you physically live in? Shelburne\_\_ or Buckland\_\_

Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name |  |  |  |  |  |
| Relationship to HOH | Head of  Household |  |  |  |  |
| Date of Birth |  |  |  |  |  |
| Gender |  |  |  |  |  |
| Primary Language |  |  |  |  |  |
| Military Status | Vet Active N/A | Vet Active N/A | Vet Active N/A | Vet Active N/A | Vet Active N/A |
| Disabled | Yes No | Yes No | Yes No | Yes No | Yes No |
| Latino or Hispanic | Yes No | Yes No | Yes No | Yes No | Yes No |
| Race   1. White 2. Black/African American 3. American Indian/Alaskan Native 4. Asian 5. Native Hawaiian/Other Pacific Islander 6. Multi-racial/Biracial 7. Other |  |  |  |  |  |
| Choose an option from the list on the left and enter the letter in the box | | | |  |
| Education   1. 0-8th grade 2. Some High School 3. GED/HiSET 4. High School Diploma 5. 12+ Some Post-Secondary 6. 2- or 4-year college 7. Graduate or post- secondary 8. Other |  |  |  |  |  |
| Choose an option from the list on the left and enter the letter in the box | | | |  |
| Employment   1. Full time 2. Part time 3. Retired 4. Unemployed (3 months) 5. Unemployed (6+ months) 6. Not in the labor force 7. Migrant seasonal farm   worker |  |  |  |  |  |
| Choose an option from the list on the left and enter the letter in the box | | | |  |
| Health   1. MassHealth (Medicaid) 2. Medicare 3. Health Connector 4. Employer provided 5. Military health care 6. Private health insurance |  |  |  |  |  |
| Choose an option from the list on the left and enter the letter in the box | | | |  |

# Current Monthly Income for Your Household

▶

Please list gross MONTHLY amounts for every member of your financial household listed above

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name |  |  |  |  |  |
| No Income | No income | No income | No income | No income | No income |
| Self-employment income | $ | $ | $ | $ | $ |
| Wages | $ | $ | $ | $ | $ |
| Unemployment | $ | $ | $ | $ | $ |
| SS1 | $ | $ | $ | $ | $ |
| SSDI | $ | $ | $ | $ | $ |
| Social Security Retirement | $ | $ | $ | $ | $ |
| TAFDC/EAEDC | $ | $ | $ | $ | $ |
| Child Support | $ | $ | $ | $ | $ |
| Alimony | $ | $ | $ | $ | $ |
| VA Benefits | $ | $ | $ | $ | $ |
| Other  Please describe | $ | $ | $ | $ | $ |
| **Total Monthly:** | $ | $ | $ | $ | $ |

# Other Information About Your Household

Benefits (check all that apply)

Childcare voucher

Fuel Assistance/LIHEAP SNAP

WIC

Affordable care act subsidy Military education support benefit

Housing Type

Rent or own without subsidy

Subsidized (housing authority, Section 8) Doubled up housing (couch surfing)

No housing Shelter

Other permanent housing

Family Type

Single person Multigenerational household

non-related adults with children Single parent

Two parent

Two or more adults

# Signature

I certify that the information provided is true and accurate to the best of my knowledge.

Signed

Parent or guardian if under 18

Date

**THIS PAGE IS FOR STAFF ONLY**

**Staff: Circle HH size and Income level in below table. For income, circle the 2 levels the income falls between:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Size** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| 200% of federal poverty level (CSBG) **Monthly:** | $ 2,510 | $ 3,407 | $ 4,304 | $ 5,200 | $ 6,097 | $ 6,994 | $ 7,890 | $ 8,787 |
| \*Effective 3/1/2024 **Annual:** | $30,120 | $40,884 | $51,648 | $62,400 | $73,164 | $83,928 | $94,680 | $105,444 |
|  |  |  |  |  |  |  |  |  |
| 250% of federal poverty level (USDA)  **Monthly:** | $ 3,138 | $ 4,258 | $ 5,379 | $ 6,500 | $ 7,621 | $ 8,742 | $ 9,863 | $ 10,983 |
| \*Effective 3/1/2024 **Annual:** | $37,650 | $51,100 | $64,550 | $78,000 | $91,450 | $104,900 | $118,350 | $131,800 |
|  |  |  |  |  |  |  |  |  |
| 30% of median income (extremely low) **Monthly:** | $1,9167 | $2,192 | $2,467 | $2,738 | $2,958 | $3,175 | $3,396 | $3,617 |
| \*Effective 5/1/24 **Annual:** | $23,000 | $26,300 | $29,600 | $32,850 | $35,500 | $38,100 | $40,750 | $43,400 |
|  |  |  |  |  |  |  |  |  |
| 50% of median income (very low) **Monthly:** | $3,196 | $3,400 | $4,108 | $4,563 | $4,929 | $5296 | $5,658 | $6,108 |
| \*Effective 5/1/24 **Annual:** | $38,350 | $40,800 | $49,300 | $54,750 | $59,150 | $63,550 | $67,900 | $73,300 |
|  |  |  |  |  |  |  |  |  |
| 80% of median income (low) **Monthly:** | $2,113 | $5,842 | $6,571 | $7,300 | $7,883 | $8,471 | $9,054 | $9,638 |
| \*Effective 5/1/24 **Annual:** | $61,350 | $70,100 | $78,850 | $87,600 | $94,600 | $101,650 | $108,650 | $115,650 |

* **Enrollment Application Complete: Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**
* **Enrollment Application Incomplete: Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Notes:**