OUR MISSION:

To utilize and provide resources that assist people in need to obtain economic stability, ultimately creating a better way of life.

DISCLAIMER:

Applicants may not be excluded from program participation, be denied program benefits, or otherwise be discriminated against based on race, religion, sexual orientation, national origin, disability, cultural heritage, political beliefs or marital status.

AUTHORIZATION:

☐ This information is, to the best of my knowledge, true and complete. I understand that by signing this application, I give the agency the authority to verify the information provided on the application.

☐ I/We hereby authorize Springfield Partners for Community Action to release/exchange information from my records in order to assist me in resolving my situation. This information will be released only to those institutions, companies, agencies and funding sources that our organization believes can provide assistance in helping me.

☐ I authorized Springfield Partners for Community Action, Inc. to use my photograph/video for promotional and marketing purposes.

☐ I would like to receive periodic updates and newsletters via e-mail from Springfield Partners.

Applicant Name (Print): __________________________ Signature: __________________________ Date: __________________________

 HOW DID YOU HEAR ABOUT US __________________________

For Office Use Only:

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>Employee Name:</th>
<th>Date Completed:</th>
<th>Date Entered:</th>
<th>Customer ID: (Database)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Applicant Information: Intake Must Be Completed To Be Considered For Services

<table>
<thead>
<tr>
<th>Applicant's Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone #:</td>
<td>Cell Phone#</td>
</tr>
<tr>
<td>Work Phone#:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Home Address (include apt#)</td>
<td>City/Town</td>
</tr>
<tr>
<td>Mailing Address: (If different from above)</td>
<td>City/Town</td>
</tr>
<tr>
<td><strong>Do You:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Own</td>
</tr>
<tr>
<td></td>
<td>Rent</td>
</tr>
<tr>
<td><strong>Language spoken:</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Demographic Information:

<table>
<thead>
<tr>
<th>Gender :</th>
<th>Race:</th>
<th>Household Type:</th>
<th>Education Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Amer. Indian/Alaskan</td>
<td>Single Person</td>
<td>Grade 0-8</td>
</tr>
<tr>
<td>Female</td>
<td>Asian</td>
<td>Two Adults No Children</td>
<td>Grades 9-12 (non-graduate)</td>
</tr>
<tr>
<td>Other</td>
<td>Black or African American</td>
<td>Single Parent</td>
<td>High School</td>
</tr>
<tr>
<td></td>
<td>Hawaiian or Pacific</td>
<td>Two Parent</td>
<td>Graduate/Equivalent</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>Non-Related Adults with Children</td>
<td>12+ &amp; Some</td>
</tr>
<tr>
<td></td>
<td>Multi-Race</td>
<td>Multigenerational Household</td>
<td>2 or 4 year College</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td>College Graduate</td>
</tr>
</tbody>
</table>

### Health Insurance Information:

<table>
<thead>
<tr>
<th>Do you have Health Insurance?</th>
<th>Do you have a disabling condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

If yes please indicate type:

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>State Children's Health Ins. Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>State Health Ins. for Adults</td>
</tr>
<tr>
<td>Employment</td>
<td>Military Health Ins.</td>
</tr>
<tr>
<td></td>
<td>Direct Purchase</td>
</tr>
</tbody>
</table>

### Work Status for Individuals Over (18+):

<table>
<thead>
<tr>
<th>Work Status</th>
<th>Weekly Income: $</th>
<th>Monthly Income: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed Full Time</td>
<td>Unemployed (Short Term, 6 months or less)</td>
<td>Retired</td>
</tr>
<tr>
<td>Employed Part Time</td>
<td>Unemployed (Long Term, more than 6 months)</td>
<td>Migrant Seasonal Farm Worker</td>
</tr>
<tr>
<td>Unemployed (Not in labor force)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Household Primary Source of Income - Weekly Income: $ - Monthly Income: $:

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Employment Only</th>
<th>Employment Other</th>
<th>Employment, Other and None-Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Only</td>
<td>Employment Other</td>
<td>Employment, Other and None-Cash</td>
<td>Employment and Non-cash benefits</td>
</tr>
<tr>
<td>Employment and Other</td>
<td>Employment Other</td>
<td>Employment, Other and None-Cash</td>
<td>Income and Non-Cash Benefit</td>
</tr>
</tbody>
</table>

### Household Other Income Sources:

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Weekly Income: $</th>
<th>Monthly Income: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI - Supplemental Security Income</td>
<td>Worker's Compensation</td>
<td>TANF</td>
</tr>
<tr>
<td>SSI - Social Security Disability Insurance</td>
<td>Retirement</td>
<td>Pension</td>
</tr>
<tr>
<td>VA Services Connected Disability</td>
<td>Income from Social Security</td>
<td>Child Support</td>
</tr>
<tr>
<td>VA Non-Service Connected Disability</td>
<td>Unemployment Insurance</td>
<td>EITC</td>
</tr>
<tr>
<td>Private Disability Insurance</td>
<td>Alimony or other Spousal Support</td>
<td>Other</td>
</tr>
</tbody>
</table>

### Household Non-Cash Benefits:

<table>
<thead>
<tr>
<th>Non-Cash Benefits</th>
<th>Weekly Income: $</th>
<th>Monthly Income: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNAP</td>
<td>Public Housing</td>
<td>Permanent Supportive Housing</td>
</tr>
<tr>
<td>WIC</td>
<td>Housing Choice Voucher</td>
<td>Childcare Voucher</td>
</tr>
<tr>
<td>LIHEAP</td>
<td></td>
<td>Affordable Care Act Subsidy</td>
</tr>
</tbody>
</table>

### Military Information: (For Military Personnel Only)

<table>
<thead>
<tr>
<th>Military Status</th>
<th>Type of Discharge (if applicable)</th>
<th>Service Era (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Honorable</td>
<td>WWII</td>
</tr>
<tr>
<td>Veteran</td>
<td>Dishonorable</td>
<td>Vietnam</td>
</tr>
<tr>
<td>Not in Military</td>
<td>Medical</td>
<td>Grenada</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lebanon</td>
</tr>
</tbody>
</table>

### Other (please indicate):
**BENEFITS FROM: OTHER ADULTS HOUSEHOLD MEMBER: INDIVIDUALS (18+)**

<table>
<thead>
<tr>
<th>Other Adult Name:</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to Applicant:</th>
<th>Primary Phone:</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEMOGRAPHIC INFORMATION:**

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Race:</th>
<th>Education Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Amer. Indian/Alaskan</td>
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</tr>
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<td>Female</td>
<td>Asian</td>
<td>Grades 9-12 (non-graduate)</td>
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<tr>
<td>Other</td>
<td>Black or African American</td>
<td>High School Graduate/Equivalent</td>
</tr>
<tr>
<td></td>
<td>Hawaiian or Pacific</td>
<td>12+ &amp; Some</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>2 or 4 years college</td>
</tr>
<tr>
<td></td>
<td>Multi-Race</td>
<td>College Graduate</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic, Latino, or Spanish</td>
<td></td>
</tr>
<tr>
<td>Not Hispanic, Latino, or Spanish</td>
<td></td>
</tr>
</tbody>
</table>

**HEALTH INSURANCE INFORMATION:**

<table>
<thead>
<tr>
<th>Do you have Health Insurance?</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

If yes please indicate type:

<table>
<thead>
<tr>
<th>Medicaid</th>
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<td>Direct Purchase</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHILDREN UNDER 18 INFORMATION**

<table>
<thead>
<tr>
<th>Child Name</th>
<th>DOB</th>
<th>Relationship</th>
<th>Gender (M/F/O)</th>
<th>Race (see codes below)</th>
<th>Ethnicity (see codes below)</th>
<th>Education Level (see codes below)</th>
<th>Health Insurance (Y/N)</th>
<th>Type of Insurance (see codes below)</th>
<th>Disable (Y/N)</th>
</tr>
</thead>
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<tr>
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</tr>
</tbody>
</table>

Use these codes to fill out the above chart:

**Race:**
- A. Amer. Indian/Alaskan
- B. Asian
- C. Black or African American
- D. Hawaiian or Pacific
- E. White
- F. Multi-Race
- G. Other

**Ethnicity:**
- A. Hispanic, Latino, or Spanish
- B. Not Hispanic, Latino or Spanish

**Education:**
- A. Grade 0-8
- B. Grade 9-12 (non-graduate)
- C. High School Graduate/Equivalent
- D. 12th grade & Some
- E. Other

**Insurance**
- A. Medicaid
- B. Medicare
- C. State Child Ins.
- D. Other

Please let us know if you need to add additional household members.
Springfield Partners for Community Action, Inc.

List of Our Departments, Programs & Services

Phone: 413-263-6500

**ASSET DEVELOPMENT DEPARTMENT**

PROGRAMS:
- Credit Counseling
- Financial Literacy Education
- Low-Income (LITC) Taxpayers Clinic
- Volunteer Income (VITA) Tax Assistance

**HOUSING & ENERGY DEPARTMENT**

PROGRAMS:
- Emergency Fuel Assistance
- Energy Conservation (Weatherization)
- Eviction Clinic
- Housing Counseling

**VETERAN’S DEPARTMENT**

SERVICES:
- Emergency Transportation Assistance
- V.A Benefits Claims Assistance
- Education and Employment Assistance

**YOUTH & EDUCATION DEPARTMENT**

PROGRAMS:
- New Beginnings Early Education and Care Center
- Scholarship

Revised 10/18/2018
Our Programs
Asset Development Services
Credit Counseling
Financial Literacy Workshops
Low Income Taxpayer Clinic (LITC)
Volunteer Income Tax Assistance (VITA)
Housing & Energy Services
Emergency Fuel Assistance
Energy Conservation (Weatherization)
Eviction Clinic
Housing Counseling
Veterans Services
Education/Employment Assistance
Emergency Transportation Assistance
V.A. Benefits Claims Assistance
Youth & Family Services
Multicultural
Alzheimer's Program
New Beginnings Early Education & Care Center
Scholarship Program

Mission Statement
To utilize and provide resources that assist people in need to obtain economic stability, ultimately creating a better way of life.

Emergency Fuel Fund – File Checklist

File #: __________

Appointment Date: __________ Time: __________

Please bring the following required documentation to your appointment. Missing documents may delay your application and result in your appointment rescheduled.

1. Current Photo Identification
2. Statement of Hardship (in your words)
3. Utility Bill (for gas only. Must be current within 30-days and in applicants name):
   a. Gas

4. Housing Status (Must be current within 30-days and in applicant’s name).
   NOTE: You only need to provide ONE item from the list, not ALL
     a. Mortgage Statement
     b. Rental Agreement
     c. Lease
     d. Property Tax Bill
     e. Water/Sewer Bill
     f. Homeowners Insurance

5. Income verification (bring all that apply to your household):
   a. 4-Most recent consecutive pay stubs
   b. Previous year tax returns
   c. Pension/Retirement
   d. Unemployment
   e. Workers Compensation Benefits
   f. Veterans Benefits
   g. Alimony/Child Support (court order)
   h. TNAF
   i. Social Security Disability (SSDI)
   j. Social Security (SSI)
   k. SNAP
   l. Rental Income
   m. Other: ____________________
STATEMENT OF DISCLOSURE

To all participants engaged in Housing Counseling Program and related services:

- Springfield Partners for Community Action has been a HUD-certified Housing Counseling Agency since 2002;
- Springfield Partners for Community Action has achieved the CHAPA Massachusetts Homeownership Collaborative Seal of Approval, effective through 2020;
- Springfield partners for Community Action is authorized to deliver the Frame Works online homebuyers education course;
- Springfield Partners for Community Action does not recommend any lending product, lenders, realtors, insurance, or any other goods, services or vendors to participants;
- Participants will be provided with materials and information regarding affordable homeownership, rental housing, lending products, and other types of assistance that are related to their counseling and/or action plan;
- At no time will participants be expected to or urged to use any specific goods, services, or vendors they learn about through this program;
- Participants in Springfield Partners for Community Action counseling and other services are encouraged to explore all available products, services and means of assistance;
- Participants are informed that they are not under any Obligation to utilize any information or services they receive during the course of this program;
- Participants are required to attend two one-on-one counseling sessions with the Housing Counselor. A Certificate of Completion will be issued at the conclusion of the final counseling session.

Paul F. Bailey  
Paul F. Bailey, Executive Director  

Participants Signature  

Date  

Date
File #: ____________________________

**Participant Authorization for Release/Share of Information**

I/we ____________________________, do give permission to Springfield Partners for Community Action (Springfield Partners) staff authorization to obtain and share information and documentation necessary to determine my eligibility for services provided by Springfield Partners and its partner organizations for the purpose of providing comprehensive services.

This information and documentation may include but not limited to basic contact information, credit reports, employment history, rental history, income and asset verification, bank statements and other financial records as may be required.

This authorization expired in 1-year from the date of signature(s), unless otherwise extended in writing by the participant(s).

I have read and understand the above information. A copy has been provided to me.

Participant Signature ____________________________ Date ____________________________

Co-Applicant ____________________________ Date ____________________________

Agency Representative/Staff ____________________________ Date ____________________________

**MISSION STATEMENT**

To utilize and provide resources that assist people in need to obtain economic stability, ultimately creating a better way of life.
HOUSEHOLD INCOME/DEMOGRAPHIC VERIFICATION

The funder requires that we collect and provide the information contained within this form for each person we assist.

All information MUST be completed. Please be sure to fill in the information on the reverse side.

GENERAL INFORMATION

Name: __________________________________________ Application#: __________

Address: __________________________________________ Apt#: __________

City, Zip: __________________________________________

DEMOGRAPHIC INFORMATION (This information is used for reporting purposes only)

IMPORTANT: Funder requires information for both ethnicity (#1 below) and race (#2 below). Please answer numbers 1-3. DO NOT LEAVE BLANK.

1. _____ Hispanic/Latino

2. Ethnicity/Race:

   ___ American Indian/Alaskan Native

   ___ Asian

   ___ Black/African American

   ___ Hawaiian or Pacific Islander

   ___ White

3. Are you a female-headed household? _____ Yes _____ No

Continue on other side
**INCOME INFORMATION (Household MUST not exceed 200% of FPL)**

**Instructions:**
- Circle your household size
- Circle the appropriate household income. To be eligible for services, household income **MUST** meet the appropriate annualized income as identified below.
- 2019 Federal Poverty Guidelines (source, HHS Poverty Guidelines)

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>HOUSEHOLD INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in household</td>
<td>Maximum household income (annualized)</td>
</tr>
<tr>
<td>1 person</td>
<td>$24,280</td>
</tr>
<tr>
<td>2 persons</td>
<td>$32,920</td>
</tr>
<tr>
<td>3 persons</td>
<td>$41,560</td>
</tr>
<tr>
<td>4 persons</td>
<td>$50,200</td>
</tr>
<tr>
<td>5 persons</td>
<td>$58,840</td>
</tr>
<tr>
<td>6 persons</td>
<td>$67,480</td>
</tr>
<tr>
<td>7 persons</td>
<td>$76,120</td>
</tr>
<tr>
<td>8 persons</td>
<td>$84,760</td>
</tr>
</tbody>
</table>

For each additional person, add $10,400

**Certification**

I/We certify that the information contained herein is true, complete and accurate to the best of my/our knowledge and belief. I/We grant permission to Springfield Partners for Community Action, Inc., its agents and partners to obtain any additional information deemed necessary to determine my/our eligibility for services offered by Springfield Partners for Community Action, Inc., its agents and partners.

Applicants Signature: ____________________________  Date: ______________

Print Name: ____________________________________

Co-Applicant: ____________________________  Date: ______________

Print Name: __________________________________

Revised 1/2019
HELP PAY HEATING (GAS) BILLS?

ON SITE APPLICATION ACCEPTED AT 100 ELM ST. TUESDAY, SEPTEMBER 17TH FROM 10 AM-2 PM!

<table>
<thead>
<tr>
<th>HOUSEHOLD</th>
<th>INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to $47,346</td>
</tr>
<tr>
<td>2</td>
<td>Up to $61,916</td>
</tr>
<tr>
<td>3</td>
<td>Up to $76,484</td>
</tr>
<tr>
<td>4</td>
<td>Up to $91,052</td>
</tr>
<tr>
<td>5</td>
<td>Up to $105,620</td>
</tr>
<tr>
<td>6</td>
<td>Up to $120,188</td>
</tr>
<tr>
<td>7</td>
<td>Up to $122,919</td>
</tr>
<tr>
<td>8</td>
<td>Up to $125,651</td>
</tr>
</tbody>
</table>

We service these areas:

Funding provided by a grant received from the Massachusetts Attorney General's Office.