



(see upper right corner of the application)

Please check off each box and submit this list with your application!

Please provide everything on this list, even if you think Fuel Assistance has it on file already. Any missing information will delay the processing of your application. Get forms from our website: www.communityaction.us or request at (413) 774-2310. Every year, your household information must be updated and received by April 30th.

PLEASE NOTE NO WALK INS ALL INFO DONE BY MAIL OR FAX TO 413-772-2733

| Required documentation | | | |
|--|------------|-----------|-------------------------------------|
| <input type="checkbox"/> Income for all household members- list all sources and attach a separate page if needed: Provide documentation for all sources of income for the last 30 days (wages, unemployment, etc.). If fixed income (SSA, SSI, pension, etc.), verify all sources of income for last year with award letter or 1099. First and Last Name _____ Income Source(s) _____ First and Last Name _____ Income Source(s) _____ First and Last Name _____ Income Source(s) _____ First and Last Name _____ Income Source(s) _____ First and Last Name _____ Income Source(s) _____ | | | |
| <input type="checkbox"/> Citizenship/qualified alien status verification for all household members. See below for details. | | | |
| <input type="checkbox"/> Copy of electric bill | | | |
| <input type="checkbox"/> Entire household has moved: | YES | NO | If yes, see below instructions. |
| <input type="checkbox"/> A household member has moved out: | YES | NO | If yes, see below for instructions. |
| <input type="checkbox"/> A household member sold property in the last year: | YES | NO | If yes, see below instructions. |
| <input type="checkbox"/> I have child support: | YES | NO | If yes, complete form on page 3. |
| <input type="checkbox"/> There is a household member who is 18 or over with no income | YES | NO | If yes, complete form on page 3. |
| <input type="checkbox"/> All household members 18 and over have signed the back of the application | YES | NO | |
| <input type="checkbox"/> The household has less than \$100 per month gross income after paying housing expenses. | YES | NO | If yes, complete form on page 4. |

Citizenship/ Qualified Alien Status

SSA issued Social Security card; Birth Certificate Valid United States Passport Certificate of Naturalization (N-550 or N-570) Certificate of Citizenship (N-560 or N-561)

Certification of Birth Abroad of a U.S. Citizen (Form FS-240 or FS-545)

INS Form I-551- Alien Registration Card, commonly referred to as a green card; Unexpired Temporary I-551; stamp in a foreign passport or on INS Form I-94 INS Form I-94 annotated with stamp showing grant of asylum or CH6; INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Entire household has moved

Documents verifying your new address must be submitted. Acceptable documentation includes current lease, mortgage/homeowner's insurance/property taxes, bills showing current address.

A household member has moved out

A document verifying their new address, such as a bill or current lease, must be submitted before they can be removed from the application.

I sold property in the last year

The settlement statement must be submitted showing proceeds from the sale received. If you used the proceeds toward the purchase of your current residence, submit the settlement statement for that as well.

Fuel Assistance Application Checklist for Application # _____

| Income from last 30 days, or past year (as specified) – gross income only, not net | |
|---|--|
| If you have... | We need... |
| <input type="checkbox"/> Wages (30 days) | 30 days of consecutive paycheck stubs. |
| <input type="checkbox"/> Unemployment (30 days) | Benefits History Report from DUA and Monetary Determination Page from DUA. |
| <input type="checkbox"/> SSA/ SSDI/ RSDI/ SSI/ SSP (past year) | Check, award letter, or 1099 |
| <input type="checkbox"/> Worker's Compensation / Disability (30 days) | 30 days of consecutive check stubs from lawyer, union, or agency. |
| <input type="checkbox"/> TAFDC/ TANF/ EAEDC (past year) | Award letter. |
| <input type="checkbox"/> VA benefits (past year) | Award letter or town letter. |
| <input type="checkbox"/> Odd Jobs (past year) | Odd Jobs Form from us or on our website. |
| <input type="checkbox"/> Seasonal/ Per Diem (30 days or past year) | Wage Statement Form from on our website. |
| <input type="checkbox"/> Child Support/ Alimony | Court order, DOR statement, or notarized letter from person providing support. |
| <input type="checkbox"/> Self-Employment (past year) If self-prepared, the return must be notarized and Form 4506-T | Current, full Federal Tax Return with all schedules, worksheets, and 1099's. |
| <input type="checkbox"/> Rental Income (past year) | Current, full Federal Tax Return with Schedule E , or current tenant lease. |
| <input type="checkbox"/> Capital Gains/ Interest/ Dividends (past year) | Current, full Federal Tax Return, or current 1099 |
| <input type="checkbox"/> IRA distributions/ Pensions (past year) | Current 1099, full Federal Tax Return |
| <input type="checkbox"/> Lump sum (sale of property, lottery winnings, etc.) (past year) | Settlement statement for property; complete Federal Tax Return with all schedules, worksheets, and 1099's. |
| <input type="checkbox"/> Estate/ Trust (past year) Complete Fed Tax Return | Court documents or letter from attorney |
| <input type="checkbox"/> Financial support from family, friends, or agencies (past year) | Financial Assistance Form from us, |
| Other required documentation | |
| <input type="checkbox"/> College students | Most recent financial aid award letter showing grants, loans, and scholarships. |
| <input type="checkbox"/> Renter if subsidized, proof of current subsidy. | Current lease |
| <input type="checkbox"/> Homeowner | Current mortgage statement, real estate tax bill, and annual homeowner's insurance premium. |

Si no lee inglés y le gustaría una hoja de instrucciones en español, favor de llamarnos y le enviaremos una por correo. Если Вы не читаете по английски и хотите получить информацию на русском языке, пожалуйста, позвоните по нижеуказанным телефонам и мы пришлем Вам информацию по почте.

Child Support/Alimony and Zero Income

1. CHILD SUPPORT/ALIMONY.

Complete this section whether you receive support or not. Sign, date, and attach the required documentation.

For each source of child support/alimony, one of the following documents is required:

- a.) Copies of canceled child support/alimony **checks or money orders** from source;
- b.) Copy of the **court order or divorce decree** that indicates the amount paid and how often it's paid;
- c.) Copy of an attorney of record or legal agency **letter** representing the Applicant that indicates the amount paid and how often it's paid; d.) **Notarized letter** from support source;
- e.) **Mortgage/rent paid** in lieu of, or in addition to child support/alimony is countable income. A copy of the court order, decree or other legal document specifying the amount and frequency of such payments if required; or,
- f.) **Department of Revenue** (1-800-332-2733) payment history.

☐ I have **NOT received** any child support/alimony since _____.
OR
☐ I have **NEVER received** child support/alimony.
OR
☐ I **DO receive** child support/alimony. The amount received: \$_____ (circle one) weekly/bi-weekly/monthly.
Signature _____ **Date** _____

☐ I have **NOT received** any child support/alimony since _____.
OR
☐ I have **NEVER received** child support/alimony.
OR
☐ I **DO receive** child support/alimony. The amount received: \$_____ (circle one) weekly/bi-weekly/monthly.
Signature _____ **Date** _____

2. NO INCOME (ZERO INCOME).

If anyone in your household 18 years of age or older has no income, they must fill out this section.

I, _____, certify that I have (choose one of the following)
Print Name

☐ **Never** received any income.

or

☐ Received no income or money from ____/____/____ to ____/____/____.
Date last received income/money Current date or date started
to receive income/money again

I certify that all statements contained on this form and in my application are true. I authorize COMMUNITY ACTION PIONEER VALLEY FUEL ASSISTANCE to examine my tax return in order to verify my income. I understand that in the case of a fraudulent statement or misstatement of "no income" I may be liable for the full value of any assistance received.

Signature _____ **Date** _____

I, _____, certify that I have (choose one of the following)
Print Name

☐ **Never** received any income.

or

☐ Received no income or money from ____/____/____ to ____/____/____.
Date last received income/money Current date or date started
to receive income/money again

I certify that all statements contained on this form and in my application are true. I authorize COMMUNITY ACTION PIONEER VALLEY FUEL ASSISTANCE to examine my tax return in order to verify my income. I understand that in the case of a fraudulent statement or misstatement of "no income" I may be liable for the full value of any assistance received.

Signature _____ **Date** _____

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

LOW-INCOME / NO INCOME FORM

(For use in cases of "no income" or when monthly income is equal to or less than \$100.00 after housing costs are deducted.) All sections of this form MUST be completed by Applicant.

Application #: _____ Date: _____

Applicant Name: _____

Your monthly calculated income of \$_____ is within \$100 of your housing cost of \$_____.

- 1) Please explain how you meet your basic living expenses specifically:

Utilities _____

Rent/mortgage _____

Clothing, personal care, medical expenses _____

Car and/or transportation expenses _____

Other _____

- 2) Do you have any overdue bills or collection notices? ☐ YES ☐

NO If Yes, **you must provide copies of those bills/notices.**

☐ Rent ☐ Mortgage ☐ Electric ☐ Gas ☐ Car Loan ☐ Medical

☐ Credit cards ☐ Cable TV ☐ Telephone ☐ Other _____

- 3) Have you: a) made any withdrawals from your bank ☐ YES ☐ NO

If Yes, submit copies of bank statements which show amounts and dates.

- b) received support from others to help meet your living expenses? ☐ YES ☐ NO

If Yes, complete a *Financial Assistance Statement* form. A *Financial Assistance Statement* is required if the support for others has lasted over 30 days.

- 4) How do you obtain food? ☐ SNAP (Food Stamps) ☐ WIC ☐ Other _____

- 5) Do you receive other non-cash assistance? ☐ YES ☐ NO

If yes, please specify: _____

I certify that all statements contained on this form and in my application are true. I understand that in the case of a fraudulent statement or misstatement of information on this form and application, I may be liable for the full value of any assistance received .

Applicant Name: _____

Date: _____

(print name)

Applicant Signature: _____ Date: _____