



**COMMUNITY ACTION
FUEL ASSISTANCE**

PO Box 1432
Greenfield MA 01302
Phone: 413 774 2310
Fax: 413 772 2733

Additional Household Member(s)

Application # _____

Please fill in the information below for all people being added to the application.

* Means the information is required.

Underlined items have codes. Refer to the lists below for codes.

Verification of identity, residence, citizenship/qualified alien status, and income are required. For acceptable documentation, please refer to the materials provided with your application, your incomplete letter, or contact us.

Head of Household Name _____

Date _____

*Full Name First Name Last Name	*Birthdate	SSN or ITIN (Social security)	*Income	Gender	Disabled	Education	Health Insurance	Race	Ethnicity

Codes

<u>Income</u>		<u>Education</u>	<u>Race</u>	<u>Health Insurance</u>	<u>Ethnicity</u>
A: Wages B: Self-Employment C: SSA D: SSI/SSP E: TANF/AFDC F: EAEDC G: Unemployment H: Veteran's Benefits I: Pension/Annuity	J: Worker's Comp K: Interest/Dividends L: Rental Income M: Alimony/Child Support N: Other O: None P: Odd Jobs Q: Lump Sum S: Disability	1: 0-8 th Grade 2: 9-12 th Grade 3: High School Grad/Ged 4: 12+ Some Post-Secondary 5: 2 or 4 Year College Grad 6: 4+ College Grad	1: American Indian/Alaskan Native 2: Asian 3: Black/African American 4: Hawaiian/Pacific Islander 5: White 6: Other 7: Multi-Race (2 or more races)	Y: Yes N: No	H: Hispanic N: Non-Hispanic
			<u>Gender</u> M: Male F: Female O: Other	<u>Disability</u> Y: Yes N: No	