



HOUSEHOLD ASSESSMENT 2023

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 A. White B. Black/African American C. American Indian/Alaskan Native D. Asian E. Native Hawaiian/Other Pacific Islander F. Multi-racial/Biracial G. Other	Choose an option from the list on the left and enter the letter in the box				
Education A. 0-8 th grade B. Some High School C. GED/HiSET D. High School Diploma E. 12+ Some Post-Secondary F. 2 or 4 year college G. Graduate or post-secondary H. Other	Choose an option from the list on the left and enter the letter in the box				
Employment A. Full time B. Part time C. Retired D. Unemployed (3 months) E. Unemployed (6+ months) F. Not in the labor force G. Migrant seasonal farm worker	Choose an option from the list on the left and enter the letter in the box				
Health A. MassHealth (Medicaid) B. Medicare C. HealthConnector D. Employer provided E. Military health care F. 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 <input type="checkbox"/>				
Self-employment income	\$	\$	\$	\$	\$
Wages	\$	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$	\$
SSI	\$	\$	\$	\$	\$
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)

- Child care 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

Date

Parent or guardian if under 18

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:	\$ 2,265	\$ 3,052	\$ 3,838	\$ 4,625	\$ 5,412	\$ 6,198	\$ 6,985	\$ 7,772
*effective 1/12/2022 Annual:	\$27,180	\$36,620	\$46,060	\$55,500	\$64,940	\$74,380	\$83,820	\$93,260
250% of federal poverty level (COVID USDA) Monthly:	\$ 2,831	\$ 3,815	\$ 4,798	\$ 5,781	\$ 6,765	\$ 7,748	\$ 8,731	\$ 9,715
*effective 1/12/2022 Annual:	\$33,975	\$45,775	\$57,575	\$69,375	\$81,175	\$92,975	\$104,775	\$116,575
30% of median income(extremely low) Monthly:	\$ 1,745	\$ 1,995	\$ 2,245	\$ 2,491	\$ 2,691	\$ 2,891	\$ 3,091	\$ 3,291
*effective 6/15/23 Annual:	\$20,950	\$23,950	\$26,950	\$29,900	\$32,300	\$34,700	\$37,100	\$39,500
50% of median income(very low) Monthly:	\$ 2,908	\$ 3,320	\$ 3,737	\$ 4,150	\$ 4,483	\$ 4,816	\$ 5,150	\$ 5,479
*effective 6/15/23 Annual:	\$34,900	\$39,850	\$44,850	\$49,800	\$53,800	\$57,800	\$61,800	\$65,750
80% of median income (low) Monthly:	\$ 4,650	\$ 5,316	\$ 5,979	\$ 6,641	\$ 7,175	\$ 7,708	\$ 8,237	\$ 8,770
*effective 6/15/23 Annual:	\$55,800	\$63,800	\$71,750	\$79,700	\$86,100	\$92,500	\$98,850	\$105,250

- Enrollment Application Complete: Staff Name: _____ Staff Signature: _____ Date: _____
- Enrollment Application Incomplete: Staff Name: _____ Staff Signature: _____ Date: _____

Notes: