

1. Household Income Computation - List sources and amounts of all earned and unearned income:		Annual income limit (150% poverty) by household size: 1.....\$14,355 2.....\$19,245 3.....\$24,135 4.....\$29,025 5.....\$33,915 6.....\$38,805 7.....\$43,695 8.....\$48,585 (Add \$4,890 for each additional member of family units with more than 8 members.)
Gross Earned Income: Source: Income per month: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	Gross Unearned Income: Source: Income per month: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ <u>Medicare Premium</u> \$ _____ (If not included in SSA above - \$78.20)	
2. Show calculations below: Total Gross Earned Income: \$ _____ Total Gross Unearned Income: \$ _____ Total Gross Income: \$ _____ Total Gross Annualized Income: \$ _____ \$ _____/month x 12 months Number of persons in Household: _____ Annual Income Limit: _____		

3. Income is at or below the income limit? Yes No IF HOUSEHOLD INCOME IS LESS THAN \$738 A YEAR, EXPLAIN HOW FOOD, SHELTER, CLOTHING, TRANSPORTATION AND HOME UTILITIES ARE PURCHASED: _____

4. Date verified household has not received DCA LIHEAP Crisis Benefits: Contact Person: _____ Date: _____

5. Check verification of Energy Crisis. If not an eligible crisis, deny. Verify the benefit will resolve the crisis. If the maximum will not resolve the crisis and arrangements to resolve cannot be made, deny. This section must be completed.

- a. Is the applicant in a crisis situation? Yes No
- b. Is the household in a life-threatening situation? (if yes, 18 hr. below applies) Yes No
- c. Does the 18 hour or the 48 hour rule apply? 18 hr 48 hr
- d. Will the EHEAP benefit resolve the crisis situation? Yes No

6. If the household is still eligible, call the vendor to verify the minimum amount needed and record below (explain different amount paid in the space below):

a. Vendor: _____ Minimum Amount: _____ Contact Person: _____ Date of Contact: _____

b. Is the name on the fuel bill that of a household member? Yes No If no, explain: _____

c. Provide the following information about the benefit(s) provided:

Company Name	Customer Name on Account	Customer Account #	Company's Telephone #	Service/Product*	Amount Paid from EHEAP
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Examples: Electricity, deposit, propane, fuel oil, wood, blanket, fan, repair to heating system, repair to cooling system, late fees/penalties.

d. If over \$300, explain how excess cost will be met: _____

7. Resolution of Energy Emergency:
 a. Case Approved (check one) Yes No Date: _____

PLACE COPY OF APPROPRIATE NOTICE IN THE APPLICANT'S FILE.

b. Date of resolution: _____ Time of Resolution: _____ Extension Date: _____

c. Was the 18/48 hour rule met? Yes No

d. Written notification sent? Yes No

8. Denial of Assistance:
 If energy assistance was denied, explain:

I have determined the eligibility of the applicant. I am not the applicant, nor am I a friend, relative or employee of the applicant.
 Caseworker's Signature: _____ Date: _____ Agency: _____

Application must be reviewed for mistakes and appropriate file documentation prior to payment:
 Supervisor/Edit Staff Signature: _____ Date: _____

