

HOME ENERGY ASSISTANCE PROGRAM (HEAP)
INCOME WORKSHEET (Agency Use Only)

CAA Name: _____ CAA Phone: _____

Primary Applicant: _____	Create Date: _____
Client ID#: _____	

Subsidized with Heat Included Categorical Eligibility - TANF Categorical Eligibility - SNAP

Income Verification Period: Previous 30 Days Previous 1 Month
 From _____ To _____

A. NON-EARNED INCOME

<i>Gross: VA, SS, SSI, State of Maine SSI, Pension, Annuity, Unemployment</i>					
Household Member	Source	Amount	Frequency	30 Days	1 Month
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$

B. EARNED INCOME

<i>Gross Wages, Self-Employment, Rental Income, Odd Job Income</i>				
Household Member	Employer	Employment Dates	30 Days	1 Month
			\$	\$
			\$	\$
			\$	\$
			\$	\$

C. MISCELLANEOUS INCOME

<i>Interest/ Dividends, Child Support, Alimony, Worker's Comp, Other</i>					
Household Member	Source	Amount	Frequency	30 Days	1 Month
		\$		\$	\$
		\$		\$	\$

D. ZERO INCOME (List Household members 18 years or older that had zero income)

Household Member	Date/Place of Last Employment	Date Unemployment Last Received	Full Time Student -Attending

E. If the Household has zero/minimal income, how are basic living expenses being paid?

<i>Expense examples: Housing, food, transportation – Source examples: Gifts, loans, self-employment</i>					
Expense	Source	Amount	Frequency	30 Days	1 month
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$

F. CHILD SUPPORT DEDUCTION

<i>Gross Court ordered child support paid by a Household member may be deducted from income</i>					
Household Member	Amount	Frequency	30 Days	1 Month	
	\$		\$	\$	
	\$		\$	\$	

G. NOTES (If additional space is needed, attach separate sheet.)

 Certifier Signature _____
 Date