

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

**INCOME WORKSHEET (AGENCY USE ONLY)**

Primary Applicant: _____ Client Number: _____ Create/Intake Date: _____	Income Verification Period: <input type="checkbox"/> Previous 30 Days From: _____ To _____ <input type="checkbox"/> Previous 1 Month _____
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- Subsidized with Heat Included
- Categorical Eligibility – TANF (**Add \$1.00 for each Household member age 18 years or older.**)
- Categorical Eligibility – SNAP Household Size: \_\_\_\_\_ 125% FPL: \_\_\_\_\_

<b>A. Income</b>				
Household Member	Income Type	Frequency	Employer	Certified Income Amount

<b>B. Zero Income (List Household members 18 years or older that had zero income)</b>		
Household Member	Full-Time Student (Y/N)	Reason for Zero Income (unemployed, college student, etc...)

<b>C. If the Household has zero/minimal income, how are basic living expenses being paid?</b>				
Expense	Source	Amount	Frequency	Certified Income Amount
Housing				
Transportation				
Food				
Utilities/Heating				
Other				

<b>D. Child Support Deduction</b>				
Household Member	Court Ordered (Y/N)	Amount	Frequency	Certified Income Amount

<b>E. Notes</b> <i>(if additional space is needed, attach separate sheet.)</i>

\_\_\_\_\_  
 Certifier Signature

\_\_\_\_\_  
 Date