

**LOW INCOME ENERGY ASSISTANCE PROGRAM  
ELIGIBILITY WORKSHEET**

APPLICANT \_\_\_\_\_

**I. CITIZENSHIP**

	Verification Source	Date
A. If a household member is an eligible alien, document who and how verified.	_____	_____
B. If a household member is an ineligible alien, document who and how verified.	_____	_____

**II. RESOURCES ALLOWANCE COMPUTATIONS**

	Amount	Verification Source		Date
A. Checking Account Balance Above Monthly Expenses	_____	_____		_____
B. Savings Account	_____	_____		_____
C. Accessible Retirement Accounts	_____	_____		_____
D. Investments such as U.S. Savings Bonds, Stocks, and Trust Funds, etc.	_____	_____		_____
E. Cash on Hand	_____	_____		_____
F. Other _____	_____	_____		_____
<b>Total of Resources (A. through F.)</b> _____				

**III. VERIFICATION OF TOTAL EARNED INCOME**

		Amount	Verification Source		Date
1.	A. Household Member 1 - Wages	_____	_____		_____
	B. Household Member 2 - Wages	_____	_____		_____
	C. Household Member 3 - Wages	_____	_____		_____
	D. Roomer and Boarder	_____	_____		_____
	E. Rentals	_____	_____		_____
	F. Farm Income	_____	_____		_____
	G. Business and Self-employment	_____	_____		_____
	H. Other _____	_____	_____		_____
2.	<b>Work-Related Expenses</b>	_____	_____		_____
	Legal Support Obligation	_____	_____		_____
	Medical Deduction (\$85 Per Specified Person)	_____	_____		_____
	Child Care	_____	_____		_____

**IV. VERIFICATION OF TOTAL UNEARNED INCOME**

	Amount	Verification Source		Date
A. Work First Benefits	_____	_____		_____
B. SSI Benefits	_____	_____		_____
C. Social Security	_____	_____		_____
D. Veterans' Benefits	_____	_____		_____
E. Worker's Comp.	_____	_____		_____
F. Unemployment Comp.	_____	_____		_____
G. Child Support	_____	_____		_____
H. Contributions	_____	_____		_____
I. Work Release	_____	_____		_____
J. Railroad Retirement	_____	_____		_____
K. Income from Stocks, Bonds, etc.	_____	_____		_____
L. Other _____	_____	_____		_____

**V. COMPUTATION OF INELIGIBLE ALIEN'S INCOME**

	Ineligible Alien 1		Ineligible Alien 2	
	Earned	Unearned	Earned	Unearned
A. Alien's total countable gross income	_____	_____	_____	_____
B. Total number in household (including alien)	_____	_____	_____	_____
C. Prorata Share ( $A \div B$ )	_____	_____	_____	_____
D. Number of eligible household members	_____	_____	_____	_____
E. Amount to count ( $C \times D$ )	_____	_____	_____	_____

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Caseworker's Signature

Date