

LIHEAP COMPUTATION WORKSHEET

Name: _____

Social Security Number: _____

Case Number: _____

Income Type: _____

Employer's Name: _____

Computation Period: _____ 90 DAYS _____ 12 MONTHS

From: _____ TO _____

EARNED INCOME COMPUTATION

Total Annual Gross Earned Income \$ _____
-20%* \$ _____
Adjusted Gross For Benefits \$ _____

*Deduct 20% from earned income after the gross income test.

UNEARNED INCOME COMPUTATION

Total Annual Gross Unearned Income \$ _____

Total Household Income (Earned and Unearned): \$ _____ Income Eligible: Yes No

NARRATIVE:

CRISIS WORKSHEET

Name:	Social Security Number:	Case Number:
Date and Time Applicant Called:	Crisis Code:	Vendor Code:
Vendor:	Contact Person:	
Minimum Amount to Relieve Crisis:	Amount of Credit Balance in the Account:	Automatic Delivery Service Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date and Time Application Completed:	Date and Time of Data Entry for Payment:	

DELIVERABLE FUEL

Date of Last Delivery:	Delivery Amount (In Gallons):	
Vendor Informed Payment Will Not Be Authorized Until Delivery Receipt Is Received By LIHEAP: _____	Vendor Agreed To Accept Payment. Crisis Resolved: _____	
Date Vendor Called:	Date Service Provided:	Date Documentation Received (Attach Documentation To Worksheet):

UTILITY

Termination	
Amount Owed	

AUTHORIZATIONS		
	AMOUNT	DATE
CASH		
CRISIS 1		
CRISIS 2		
CRISIS 3		

NARRATIVE