

Pueblo of Jemez LIHEAP Eligibility Worksheet

September 2013 - October 2014

Eligibility

Household Eligibility

Applicant _____

Total Annual Income: _____

Total Monthly Income: _____

Household Size: _____

Date of Calculation: _____

Income Eligibility - 150% of Poverty

HH Size	Monthly	Annual
1	\$ 1,436	\$ 17,235
2	\$ 1,939	\$ 23,265
3	\$ 2,441	\$ 29,295
4	\$ 2,944	\$ 35,325
5	\$ 3,446	\$ 41,355
6	\$ 3,949	\$ 47,385
7	\$ 4,451	\$ 53,415
8	\$ 4,954	\$ 59,445
Each +	\$ 503	\$ 6,030

Benefit Points

A - Energy

Highest Energy Bill divided by income

	Points
16% or higher	3
11% - 15%	2
6% - 10%	1
5% <	0
Propane Assistance	2

B - Income

HH Size	3 Points	2 Points
1	\$ 958	\$ 1,436
2	\$ 1,293	\$ 1,939
3	\$ 1,628	\$ 2,441
4	\$ 1,963	\$ 2,944
5	\$ 2,298	\$ 3,446
6	\$ 2,633	\$ 3,949
7	\$ 2,968	\$ 4,451
8	\$ 3,303	\$ 4,954
Each +	\$ 335	\$ 503

*Energy Standard Allowance \$177

C - Vulnerable Members

	Points
Age 5 or younger	2
Age 60 or older	2
Disabled	2

Vendor: _____

HH Benefit Amount: _____

LIHEAP Intake Worker Signature _____

Approved _____ Denied _____

LIHEAP Manager Signature _____

Date _____

Point Values - \$20 per point

Points	HH Benefit Amount
2	\$ 40
3	\$ 60
4	\$ 80
5	\$ 100
6	\$ 120
7	\$ 140
8	\$ 160
9	\$ 180
10	\$ 200
11	\$ 220
12	\$ 240
13	\$ 260
14	\$ 280

INCOME VERIFICATION

HEAD OF HOUSEHOLD/APPLICANT: _____
SPOUSE: _____

HOUSEHOLD MEMBER(S)/AGE: _____
INCLUDING DISABLED _____

EARNED INCOME

1)Check Stubs	<u>\$0.00</u>
2)Check Stubs	<u>\$0.00</u>
Self Employment	<u>\$0.00</u>
W2 Forms	<u>\$0.00</u>

TOTAL:	<u>\$0.00</u>
<i>Annual</i>	<u>\$0.00</u>

UNEARNED INCOME

Social Security	<u>\$0.00</u>
SSI	<u>\$0.00</u>
VA	<u>\$0.00</u>
Retirement	<u>\$0.00</u>
Unemployment	<u>\$0.00</u>
Other	<u>0</u>

TOTAL:	<u>\$0.00</u>
<i>Annual</i>	<u>\$0.00</u>

GRAND TOTAL: \$0.00