

Benefit Matrix for FY 2014 to determine applicant eligibility -

Name: _____ SSN #: _____ Family Size: _____

Applicant Income: \$ _____ Wkly Bi-Wkly Mthly Annual

Spouse Income: \$ _____ Wkly Bi-Wkly Mthly Annual

All Other Income: \$ _____ Wkly Bi-Wkly Mthly Annual

\$ _____ Wkly Bi-Wkly Mthly Annual

X 12 months = \$ _____ Annual

INCOME

Allowable Yearly Income: \$ _____

Eligible For: \$ _____

Ineligible/Over Income: \$ _____

Was local DHS contacted: Yes No When? _____ eligible ineligible

*Has other Tribe been contacted: Yes No When? _____ eligible ineligible

*Name of Tribe, Phone # and person spoken to: _____

Results/Comments: _____

**LIHEAP Income Matrix by Household Size
60% of Estimated State Median Income
for Oct. 1, 2013 thru Sept. 30, 2014**

Size of Family	Allowable Yearly Income
1	\$19,837
2	\$25,941
3	\$32,044
4	\$38,148
5	\$44,252
6	\$50,355
6+ family members add additional 3% to 132% x \$38,148	