



HOME ENERGY ASSISTANCE PROGRAM (HEAP) LOW INCOME WORKSHEET

A	Applicant's Name (First) (MI) (Last)	Case Number
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Household income is zero

Shelter Costs (Rent/Mortgage plus cost of heat/utilities) exceeds income

B Monthly Expenses

1. Shelter	<input type="checkbox"/> Current Amount \$ _____	<input type="checkbox"/> In Arrears Amount \$ _____ # of months _____
2. Utilities	<input type="checkbox"/> Current Amount \$ _____	<input type="checkbox"/> In Arrears Amount \$ _____
3. Basic Phone	<input type="checkbox"/> Current Amount \$ _____	<input type="checkbox"/> In Arrears Amount \$ _____
4. Fuel \$ _____	Date of last purchase: _____	
	Amount owed: \$ _____	
5. Transportation \$ _____	# of vehicles in household: _____	
	Total Car Payments: \$ _____	
	Insurance: \$ _____	
6. Child Care \$ _____	TOTAL EXPENSES: \$ _____ TOTAL INCOME: \$ _____ LIQUID RESOURCES: \$ _____	
7. Medical \$ _____		
8. Food/Non Food \$ _____		
9. Other \$ _____		

C Employment History:

D Explanation of Past Maintenance:

E Applicant has satisfactorily explained past maintenance Yes No

If no, action taken:

Application denied Referred to fraud Additional Information/documentation requested

Other _____

Worker's Signature	Date	Client Signature	Date
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