



ELIGIBILITY AND BENEFIT WORKSHEET
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 LIHEAP
 SFN 530 (10-2024)

In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number on this form is voluntary. They are not disclosed to the public. The numbers are used to maintain accurate files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate this application.

Name		Social Security Number	Case Number
<input type="checkbox"/> New Application	Month of Application	<input type="checkbox"/> Recomputation	Month of Application

I. INCOME DEDUCTIONS

A. Medical	How Verified	Annual Amount	Notes
TOTAL MEDICAL			(1)
B. Spousal/Child Support			(2)
C. Daycare			(3)
D. Other Deductions			(4)
E. TOTAL DEDUCTIONS			(E)

II. INCOME RECEIVED

SOURCE	HOW VERIFIED	AMOUNT/ UNIT	TIMES X?	=	ANNUALIZED INCOME	X	73% (ERN)	=	ANNUAL INCOME
				=		X		=	
				=		X		=	
				=		X		=	
				=		X		=	
				=		X		=	
				=		X		=	
				=		X		=	
				=		X		=	
				=		X		=	
				=		X		=	
TOTALS FROM THIS SECTION			Gross			Annual Income			
FROM AVERAGING SECTION			Gross			Annual Income			
COMBINED TOTALS			Gross			Annual Income			
Deduct earnings of worker away from home (if applicable): _____ /Month X 12 = _____									
GRAND TOTALS			Gross			Annual Income (5)			

III. SUMMARY

Total Annual Income (from Line 5)		
Total Deductions (from Part I, Line E)		
Adjusted Annual Income (Line 5 minus Line E)		(6)
Number in Household	Maximum Income	<input type="checkbox"/> Household is Income Eligible
Check any INELIGIBLE months		
<input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S		

BENEFIT COMPUTATION

Number of Bedrooms	Building	<input type="checkbox"/> Own	Fuel	Number in Household
		<input type="checkbox"/> Rent		

IV. HEATING BENEFIT LEVEL

7. Cost of Heat: Enter the smaller of Line 7a or 7b in box 7

7a. Matrix Amount	(7)
7b. For Renter/Heat Paid Only: _____ (monthly rent) X 12 = _____ times 25% = \$ _____	

V. AUTHORIZATION DATES

Dates vendors can bill or renter/heat checks will be paid by computer.

Date From	Date To
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The beginning authorization date should be later than the date of any manual payment.

VI. ELIGIBILITY DATES

Eligibility Dates	
Signature of Human Service Zone Worker	Date

COMPUTERIZED CALCULATIONS (LINE 8-13)

VII. LIHEAP SHARE PERCENTAGE

8. Poverty Level Percentage from Table 415-30-05 times Adjusted Income from Line 6 _____ % X _____ = _____ Estimated HH Annual Heat Share:			(8)
9. Cost of Heating from Line 7 _____ minus Estimated HH Heat Share from Line 8 = Estimated Annual LIHEAP Share:			(9)
10. LIHEAP Share Percentage 10a. Annual LIHEAP Share from Line 9 divided by Cost of Heating from Line 7 = _____ % 10b. Electric Heating Only (Does not apply to electric renter/heat paid): Line 10a will be multiplied times 75% to determine a single % of the total residential bill which is the LIHEAP share of the heating portion of the total bill: _____ % X (Line 10a) X 75% = _____ %			
Round up to nearest 5% (but no higher than 95% or 70% for electric heat): Either 10a (If NOT electric heat) or 10b. (if electric heat)	%	(10)	LIHEAP Share % *
11. 100% minus Line 10 = Customer Co-Payment Percentage	%	(11)	Customer Copay %
12. Renter/Heat Paid . . . Monthly Payment Cost of Heating from Line 7 _____ X the LIHEAP Share % from Line 10 _____ % = Estimated Annual LIHEAP Cost			(12)
13. Divide Line 12 by 8 (months) = Renter payment/month			(13) Renter Pay/Mo

*If Line 10 = 5% or less, a one-time minimum payment will be paid to the client by the computer and no vendor bills for renter checks will be paid.