



**NEAR ZERO INCOME WORKSHEET**  
 NORTH DAKOTA DEPT OF HUMAN SERVICE  
 LIHEAP  
 SFN 1681 (8-2003)

The LIHEAP file for all households that report an exceptionally low adjusted income on the LIHEAP application should contain this worksheet and/or a descriptive narrative. (Chapter 415-05-35(e).) Read the instructions on the reverse side very carefully to be able to report accurately!

Applicant				Social Security Number	
Address				Telephone Number	
City	State	Zip Code	Number of Persons in Household	Adjusted Income	

(1) Basic Need Item	(2) Monthly Cost	(3) Other Assistance	(4) Current Amount Owed	(5) Last Payment		(6) Additional Explanation
				Amount	Date	
1. Food						Food Stamps
2. Personal						
3. Housing						
4. Heat						<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage
5. Utilities						
6. Doctor/Hospital						
7. Insurance						
8. Prescriptions						
9. Gasoline						
10. Maintenance/Repair						
11. Installment Payment						
12. All Other						
13.						
14.						
15.						
<b>TOTALS</b>						

Footnotes

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## INSTRUCTIONS

Each line of each column must be completed by the applicant, county staff, or both. Enter a zero (01) for "none" or "NA" if the item does not apply.

Column 1 - **Basic Need Item:** Use footnotes to record the name and address of the supplier of any basic need item, whether paid or owed, except Line 1, 2, 9, and 10.

Line 1 - **Food:**

Line 2 - **Personal:** Non-food products such as personal supplies, cleaning and washing supplies, clothing, etc.

Line 3 - **Housing:** Rent or mortgage payment. (Include insurance and taxes.)

Line 4 - **Heat:** Separate heat costs from cost of other utilities, if possible. Include electric costs **if** electricity is used for heat.

Line 5 - **Utilities:** All other utilities not included in Line 4.

Line 6,7, & 8 - **Medical Expenses:** List the separate medical costs on Lines 6, 7, and 8.

Line 6 - Doctor and Hospital Costs

Line 7 - Medical Insurance Costs

Line 8 - Prescription Costs

Line 9, 10, & 11 - **Transportation Costs:** List the individual costs according to Lines 9, 10, and 11.

Line 9 - Report Estimated Gasoline Costs

Line 10 - Record Maintenance and Repair Costs

Line 11 - Other Costs such as Installment Payments, Insurance, etc.

Line 12 - **Other:** **List** any other costs that the household must pay regularly. Use separate lines for each.

Column 2 - **Monthly Cost:** Enter the actual or estimated total monthly costs for each of the basic need items.

Column 3 - **Other Assistance:** The amount of financial assistance received from any source. Identify the source of the assistance in the footnotes.

Column 4 - **Current Amount Owed:** Enter the total amount of the unpaid balance.

Column 5 - **Last Payment Amount and Date:** (From any source)

Column 6 - **Additional Explanation:** Enter the amount of food stamps received, and check if housing costs are rent or a mortgage payment. Explain if costs in Column 2 are estimates or actual and explain any unusual entries in any of the other columns. The date of shut-off notices or service termination can be reported and explained in this column. **NOTE:** additional footnotes and explanations may be entered on the reverse side or attached pages.