

EMERGENCY SOLUTIONS GRANT

INCOME CALCULATION WORKSHEET

*Must be completed for all household members age 18 or older with income.

Head of Household Name	Intake/Screening			3 Month Recertification		
	Annua	I Income (list	ted on ESG S	creening Intake) *	
Family Member	Wages/ Salaries	Benefits/F	Pensions	Public Assistance	Other Income	Total
	_					
Total Anticipated Income						
TOTAL Gross Annual Income						
AMI Gross Income Must be Below 30% AMI to be Eligible for Prevention: YES						NO
Gross med		e below 30%		igible for Prever		NO
Contract Rent						
				00110.40		
	Gas I	Electric	Propane	Fuel Oil	Other	TOTAL
Heating	Gas I	Electric	Propane	Fuel Oil		TOTAL
Heating Cooking	Gas I	Electric	Propane	Fuel Oil		TOTAL
Heating Cooking Hot Water	Gas I	Electric	Propane	Fuel Oil		TOTAL
Heating Cooking Hot Water Water	Gas I	Electric	Propane	Fuel Oil		TOTAL
Heating Cooking Hot Water Water Electricity	Gas I	Electric	Propane	Fuel Oil		TOTAL
Heating Cooking Hot Water Water Electricity Sewer	Gas I	Electric	Propane	Fuel Oil		TOTAL
Heating Cooking Hot Water Water Electricity Sewer Trash	Gas I	Electric	Propane	Fuel Oil		TOTAL
Heating Cooking Hot Water Water Electricity Sewer	Gas I	Electric	Propane		Other	TOTAL
Heating Cooking Hot Water Water Electricity Sewer Trash	Gas I	Electric	Propane	Total Utility Alle	Other	TOTAL
Heating Cooking Hot Water Water Electricity Sewer Trash Air Conditioning				Total Utility Alle	Other	TOTAL
Heating Cooking Hot Water Water Electricity Sewer Trash Air Conditioning					Other	TOTAL

**<u>Eligibility</u>

 Prevention:
 Gross Annual Household Income at admission and recertification must be below 30% of the AMI.

 Yes
 No

Household income must be verified and documented every 3 months.

Verified By: _____

Date: