

**CT VET MID ORC FISCAL YEAR 2010
KEEP OUR VETERANS WARM LOW-INCOME HOME ENERGY PROGRAM
INCOME CALCULATION WORKSHEET**

INCOME SOURCE(S) AND AMOUNT	PLEASE CHECK	HEAD OF HOUSEHOLD	OTHER HOUSEHOLD MEMBERS (According to LIHEAP Guidelines)			
No income ("0" Income)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wages (including bonuses, tips, overtime, strikers' benefit)	<input type="checkbox"/>	\$	\$	\$	\$	\$
Gross Receipts or Sales (from self-employment) Part I, Line 1, Schedule C, IRS Form 1040)	<input type="checkbox"/>					
Net self-employment income** (from IRS tax form)	<input type="checkbox"/>					
Social Security (SS)	<input type="checkbox"/>					
Supplemental Security Income (SSI)	<input type="checkbox"/>					
Transitional Assistance to Needy Families (TANF)	<input type="checkbox"/>					
Emergency Aid to Elderly, Disable, and Children (EAEDC)	<input type="checkbox"/>					
Unemployment benefit	<input type="checkbox"/>					
Veterans benefit	<input type="checkbox"/>					
Retirement/Pension income and Annuities	<input type="checkbox"/>					
Workers Compensation (including temporary disability insurance payment)	<input type="checkbox"/>					
Interest/Dividend Income***	<input type="checkbox"/>					
Rental income	<input type="checkbox"/>					
Alimony/Child Support (regular payments)	<input type="checkbox"/>					
Odd jobs employment income	<input type="checkbox"/>					
Income from lump sum receipt(s)****	<input type="checkbox"/>					
Other						
- Royalties	<input type="checkbox"/>					
- Regular lottery payments	<input type="checkbox"/>					
- Regular insurance payments	<input type="checkbox"/>					
- Regular on-going cash support from others	<input type="checkbox"/>					
- Stipends/fellowships/scholarships/financial support (for living expenses)	<input type="checkbox"/>					
- Estate or Trust income	<input type="checkbox"/>					
- Housing allowances	<input type="checkbox"/>					
- Any other payment considered income (specify below)	<input type="checkbox"/>					
	<input type="checkbox"/>					
HEAD OF HOUSEHOLD INCOME		\$				
OTHER HOUSEHOLD INCOME		\$				
TOTAL HOUSEHOLD INCOME		\$				

Verification of income is required (please see instructions and consult your local fuel assistance provider for additional information about income verification). If checked, complete a Low Income/No Income and Statement of No Income forms. ** If checked, attach tax forms. * If checked, attach the most recent statement. **** Income from lump sum receipts received in the 12 months prior the LIHEAP application is only counted once for LIHEAP purposes; lump sum receipts may include stocks and bonds; Capital Gains; Royalties; Inheritances; one time insurance payment (excluding life insurance, personal injury, or third party payments); one time Alimony or Child Support (in lieu of monthly payment); lottery winnings (paid in lump sum).**