

Personal Information Section

Client Number					

Enter the information completely. **PLEASE USE DARK BLUE OR BLACK INK.**
 Failure to fill out the application completely, provide all the required documentation
 and sign the application will delay the processing of your application.

First Name*	M.I.	Last Name*
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Social Security Number*	U.S. Citizen / Legal Resident (Qualified Alien)*	Military Status	Date of Birth (MM / DD / YYYY)*
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Service	

Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins
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Race	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Asian/White	<input type="checkbox"/> Other Multi-Race
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
	<input type="checkbox"/> Black/African American/White		

Non-Cash Benefits	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) / Food Stamps	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Women, Infants, and Children (WIC)	Number of Household Members
	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> Other	
	<input type="checkbox"/> Child Care Voucher	<input type="checkbox"/> Permanent Supportive Housing		

Family Type	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Non-related Adults with Children	Housing Type <input type="checkbox"/> Own	Residence Structure <input type="checkbox"/> Mobile Home
	<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Multigenerational Household	<input type="checkbox"/> Rent	<input type="checkbox"/> Single-Family
	<input type="checkbox"/> Two-Parent Household	<input type="checkbox"/> Other		<input type="checkbox"/> Multi-Family Low Rise (3 stories or less)
	<input type="checkbox"/> Single Person			<input type="checkbox"/> Multi-Family High Rise (4 stories or more)

Email Address	Phone Number (including area code)
	()

Preferred Method of Contact* <input type="checkbox"/> Email <input type="checkbox"/> Postal

Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor
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City*	State*	Zip Code*	County*
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Is Utility Service Address the Same? <input type="checkbox"/> Same as above <input type="checkbox"/> Different (list below)

Current Service Address (if different from above; number and street including route)	Apt/Lot/Unit/Floor
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City	State	Zip Code	County
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Do You Receive Rental Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord Organization (if you rent)
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Landlord First Name*	Landlord Last Name*	Landlord Phone Number (including area code)
		()

Landlord Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor
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City*	State*	Zip Code*	County*
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If you have additional household members (anyone living under your roof at the same address), please complete page 2 of the application. If you have more than 5 household members, print an additional household member section page from energyhelp.ohio.gov or pick up another application at your Energy Assistance Provider.

*Indicates required information in order to process your application. Failure to fill out the application completely, provide all the required documentation and sign the application will delay the processing of your application.

Household Members Section

Complete for anyone living in your home.

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White					
		<input type="checkbox"/> Black/African American/White							

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White					
		<input type="checkbox"/> Black/African American/White							

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White					
		<input type="checkbox"/> Black/African American/White							

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White					
		<input type="checkbox"/> Black/African American/White							

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White					
		<input type="checkbox"/> Black/African American/White							

Household Income Section – Continued

Fill out the table below for additional household members.

Print additional pages, as needed, for other household members with income.

First Name			Last Name	
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (SSI / SSDI / Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.) *This category MUST provide 12 months of income documentation
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$

First Name			Last Name	
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (SSI / SSDI / Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.) *This category MUST provide 12 months of income documentation
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$

First Name			Last Name	
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (SSI / SSDI / Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.) *This category MUST provide 12 months of income documentation
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$

Household Deductions Section*

Total Household Income Deductions (Choose all that apply)		
<input type="checkbox"/> Attorney fees for estate or trust settlements	<input type="checkbox"/> Medicare Part B	<input type="checkbox"/> Self-employment IRS
<input type="checkbox"/> Child Support paid-out	<input type="checkbox"/> Medicaid Spend Down (deductibles)	<input type="checkbox"/> Short and long term disability
<input type="checkbox"/> Health Insurance Premiums	<input type="checkbox"/> Medicare Part D (RX premium)	
<input type="checkbox"/> Health Care Spending Accounts	<input type="checkbox"/> Prescription Plans	
	<input type="checkbox"/> Reimbursement for work expenses	
Total Deductions for the past 30 Days \$		Total Deductions for the past 12 Months \$

Please note: Documentation of deduction(s) is required.

Total Household Eligible Income Section*

Please add the total income received for each adult household member then subtract the total household deductions.

Total Household Income <small>(add amounts from Household Income Section on Pages 3 & 4)</small>	Past 30 Days \$	Past 12 Months \$
Total Household Deductions <small>(from Household Deductions Section on Page 5)</small>	Past 30 Days -\$	Past 12 Months -\$
Total Eligible Income	Total Household Income less Total Household Deductions above \$	Total Household Income less Total Household Deductions above \$
If applicable, please explain the difference in the past 30 days income from the past 12 months income.		

Please note: If there is no income in your household, please visit your local Energy Assistance Provider. Income from child support received and VA disabilities are not countable income. For a complete list of excluded income, please visit energyhelp.ohio.gov. Documentation of excluded income may be required to complete your application.

Utility Information Section*

If you wish to enroll in PIPP and have a regulated utility provider, please visit your local Energy Assistance Provider. A list can be found at energyhelp.ohio.gov.

How do you heat your home?			
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Fuel Oil or Kerosene	<input type="checkbox"/> Electric (includes baseboards)	
<input type="checkbox"/> Propane or Bottle Gas (L.P. Gas)	<input type="checkbox"/> Coal, Wood, or Pellets	<input type="checkbox"/> Other	
Company/Vendor	Account Number	Costs Included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name		Account Holder's Last Name	Relationship to Primary Client
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please provide your electric utility provider information (if not provided above):

Electric Company/Vendor			
Account Number	Costs Included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Account Holder's First Name		Account Holder's Last Name	Relationship to Primary Client
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2019 – MARCH 2020

Terms of Agreement

- I agree
- To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.
 - To go to my local Energy Assistance Provider or to energyhelp.ohio.gov to reapply at least once a year with updated household information, and income documentation in order to remain eligible.
 - To contact my local Energy Assistance Provider or go online to energyhelp.ohio.gov to report any changes to my total household income or number of household members, within 30 days of the change.
 - To accept any energy efficiency programs offered by ODSA or its designated providers, if eligible.
 - To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to ODSA and agencies that perform weatherization services and/or provide other energy related services.
 - To allow ODSA to release my name, address, telephone number, household member information, and current status to the utility companies, and other Energy Assistance Providers.
 - To allow ODSA to share my usage and demographic data with organizations contracted by ODSA to evaluate the programs administered by ODSA.
- I understand
- That I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
 - That if I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.
 - That if I do not make up missed PIPP payments by my stated Anniversary Date, I will be dropped from PIPP.
 - That if I make my PIPP payments in-full and on-time every month, I will receive a credit for 1/24th of my total past due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.
 - That if I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past due amounts owed on my utility accounts.
 - That if I move out of the service area for my gas/electric company I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past due amounts.
 - That I am legally responsible for all past due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past due amounts are not paid in-full, the utility companies may use any standard means of collection for the past due amounts on my accounts.
 - That I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Development Services Agency or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Development Services Agency or any designated agent or employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Development Services Agency, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Development Services Agency, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Development Services Agency, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Development Services Agency, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

I declare under penalty of perjury that the information submitted in this application is true and correct.

PLEASE SIGN AND MAIL APPLICATION TO:
Office of Community Assistance, Home Energy Assistance Program
P.O. Box 1240, Columbus, Ohio 43216

X Sign Here _____ Application Date _____

Self-Declaration of Income Worksheet

If you have no other way to document your income, please complete all sections below. An incomplete worksheet may delay the processing of your application.

Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member(s), please list their name(s), address, and phone number(s) below, also include a signed statement from that person(s). The statement should note how much money is provided, how often, and if the money is given to you or paid directly to your creditors. If additional space is required (you have more than three people assisting, you) use the back of this form to list their information and have them provide the required signed statements.

First Name	Last Name	Telephone Number (include area code) ()
Address		
First Name	Last Name	Telephone Number (include area code) ()
Address		
First Name	Last Name	Telephone Number (include area code) ()
Address		

Explain how the following expenses are paid (Write N/A to any that do not apply):

Bill	Monthly Amount	Gift / Loan (if Other, please explain)		
Rent/Mortgage	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Food	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Gas	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Electric	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Phone/Cell	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Car Payment/Insurance	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Cable/Internet	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Personal Expenses	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Other Expenses	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:

Does your household receive any of the following?	Yes or No	Amount
Food Stamps		\$
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) -- Please note if this is paid directly to the utility companies.		\$

Income Comments section:

By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct.

Signature: _____ Date: _____

COUNTABLE INCOME

(Included income, but not limited to the following)

Fixed Countable Income

- ✓ Supplemental Security Income (SSI)
- ✓ Social Security Disability Insurance (SSDI)
- ✓ Social Security Administration (SSA)
- ✓ Pension
- ✓ Widow/Widower's benefit
- ✓ Alimony
- ✓ Black Lung pension
- ✓ VA Pension

Earned Countable Income

- ✓ Wages/Tips
- ✓ Active Military Pay

Other Earned Countable Income

- ✓ Seasonal Employment (includes construction workers, teachers, landscapers, etc)
- ✓ Self-employment (includes owning own business, babysitting, home party sales, odd jobs, etc)
- ✓ (Must provide IRS tax return showing filing status and all forms submitted and received by the IRS – tax form is not proof of income)
- ✓ Ohio Electronic Child Care

*****Other Earned Income' must provide 12 months of income documentation received from the date of the application****

Supplemental Countable Income

- ✓ Unemployment
- ✓ Utility Assistance
- ✓ Workers' Compensation
- ✓ Ohio Works First (TANF, ADC, DA)

Other Countable Income

- ✓ Cash withdraws from: IRA, Annuities, Other Investments
- ✓ Lump sum payout from: SSI, SSDI. Estate & Trust settlements, Divorce settlements, insurance payout, lottery winnings, etc)
- ✓ Interest Income
- ✓ Rental Income
- ✓ Employment Disability

*****Other Countable Income' must provide 12 months of income documentation received from the date of the application****

Excluded Income

- ✓ Gifts
- ✓ Loans
- ✓ Child Support
- ✓ Tax returns