

MARYLAND OFFICE OF HOME ENERGY PROGRAMS HOUSEHOLD WORKSHEET



Instructions: *If no one in your household has received any income in the last 30 days, the Applicant must complete and sign this form. The response to the first three Basic Needs (Shelter, Food, and Utility) in the table below must be documented. For example, if you are on Section 8 Housing or receive Food Stamps, please provide your housing letter or Food Stamps letter. If another person outside of a government agency is helping you with these items, they must complete the Resource Provider Statement.*

Applicant Name: _____ Client ID #: _____

Address: _____

I am the head of household and my household has no income since _____(Date).

Name/address of last employer: _____

Employer Phone: _____

Date of last paycheck: _____

Have you applied for Unemployment Insurance? ___ Yes ___ No

Have you applied for or received public assistance in the last 30 days? ___ Yes ___ No

Explain how your basic needs have been met during the past 30 days.

BASIC NEEDS	HOW ARE THESE BASIC NEEDS BEING MET?	OFFICE CONFIRMATION
1. Shelter (rent/house payment)		
2. Food		
3. Utility		
4. Transportation		
5. Other Non-food items (clothing, personal items, etc.)		
Additional Comments: (Continue on back of form if necessary)		

Applicant Signature _____ Date _____

OFFICE USE:	
Date received: _____	
Reviewed and approved: _____	_____
Worker's Signature	Date