

## Income/Expense Budget Calculation

**A** Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_  
 Utility Account Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Est. Energy Asst. Award: \_\_\_\_\_ Primary Heat: \_\_\_\_\_  
 Agency/worker signature: \_\_\_\_\_  
 \*Use Energy Assistance to reduce utility for heat.

**B** Monthly Disposable Income/Resources

Gross Monthly Household Income (based on income documentation) \_\_\_\_\_  
 Monthly State/Federal Withholdings (income from employment and/or Unemp. Comp.) \_\_\_\_\_  
 Total Adjusted Gross Monthly Income \_\_\_\_\_  
 Total Liquid Assets divided by 12 (from Liquid Assets Declaration/Verification Form.) \_\_\_\_\_  
 Total Available Income/Resources \_\_\_\_\_  
 Number in Household \_\_\_\_\_

**C** Monthly Nonadjustable Expenses

Rent or Mortgage (Circle one) \_\_\_\_\_  
 Monthly Home or Renters Insurance \_\_\_\_\_  
 Monthly Property Taxes (if not escrowed with mortgage) \_\_\_\_\_  
 Medical \_\_\_\_\_  
 (Out of pocket expenses)  
 Alimony/Child Support \_\_\_\_\_  
 (Amount that is actually being paid)  
 Day Care (Actual amount being paid) \_\_\_\_\_  
 (For employment and training ONLY)  
 Total Nonadjustable Expenses = \_\_\_\_\_

**E** Monthly Adjustable Expenses

Gas (MPP Budget calculation or monthly average) \_\_\_\_\_  
 Electric (MPP Budget calculation or monthly average) \_\_\_\_\_  
 Deliverable Fuel (oil, propane) \_\_\_\_\_  
 Telephone (\$30 basic rate per DPUC) \_\_\_\_\_  
 Cable (\$40 basic rate per DPUC) \_\_\_\_\_  
 Water (\$40 basic rate per DPUC) \_\_\_\_\_  
 Food  
 A. Standard Allowance (see table below) \_\_\_\_\_  
 B. Food Stamps (if received) \_\_\_\_\_  
 Adjusted Food Expense = \_\_\_\_\_  
 Transportation (\$90 if no car, \$400 with car) \_\_\_\_\_  
 Clothing & personal expenses (\$25 X number in household) \_\_\_\_\_  
 Total Adjustable Expenses \_\_\_\_\_  
 Total Nonadjustable Expenses \_\_\_\_\_  
 Total Monthly Expenses \_\_\_\_\_  
 Total Income \_\_\_\_\_  
 Income vs. Expenses \_\_\_\_\_

**Standard Food Allowance Table**

Please circle household size

Hsld. Size	Allowance	Hsld. Size	Allowance
1	\$233	6	\$1,126
2	\$353	7	\$1,326
3	\$527	8	\$1,526
4	\$726	9	\$1,726
5	\$926	10	\$1,926

**D** MPP Budget calculation

Estimated annual usage (\$) \_\_\_\_\_  
 Less estimated energy assistance \_\_\_\_\_ \$0  
 Balance of annual bills = \_\_\_\_\_ \$0  
 Monthly payment towards current bills (Balance of annual bill divided by twelve) \_\_\_\_\_  
 Payment towards back balance \_\_\_\_\_  
 Total monthly payment = \_\_\_\_\_

**F** AMOUNT YOU MUST PAY TO YOUR UTILITY (Utility Co.)  
 COMPANY: \_\_\_\_\_  
 EACH MONTH \_\_\_\_\_  
 (Minimum Payment of \$50 required)

I affirm that all the information provided on this form is true to the best of my knowledge. I have authorized the social services agency which completed this form for me to obtain my billing information from my utility and to provide that utility company with this completed form. I agree to the completion of an energy audit of my dwelling unit and the installation of appropriate weatherization measures if determined necessary in order to make my dwelling unit more energy efficient. I understand that information regarding my situation may be provided to another agency for purposes of providing additional services or benefits.

Applicant Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_