



MARYLAND OFFICE OF
HOME ENERGY PROGRAMS
HOUSEHOLD WORKSHEET

RETURN THIS FORM TO:

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: _____
Street Address: _____
City, State, Zip: _____

Client ID #: Local agency will provide

I am the head of household and my household has not received any 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 & approved: _____	
Worker's Signature	Date