

## INCOME AND ASSET CALCULATION For Emergency Solutions Grants

Client Name	
HMIS Client Identifier	
Date	

This worksheet is to be utilized by Rapid Rehousing and Prevention providers. Acceptable replacement for this form, is use of the HUDExchange CPD Income Calculator. The income calculator can be accessed through this link: <https://www.hudexchange.info/incomecalculator/>. If the Subrecipient uses the CPD Income Calculator, the income calculation must be printed and added to the client file. Additional information and training webinar on how to use the CPD Income Calculator can be found here: <https://www.hudexchange.info/trainings/courses/using-the-income-calculator-to-determine-annual-income-webinar1/>

- For Rapid Rehousing income certification must be completed after financial assistance has been provided for one year.
- For Prevention, income certification is to be completed at intake as a part of eligibility screening, and as part of the re-evaluation process every three months.
- For Rapid Rehousing and Prevention, the client’s household income must be at or below 30% of AMI.
  - Under the ESG Program, income eligibility is based on HUD income limits in effect at the time of income verification. Income eligibility is not based on HUD income limits that correspond with the grant year in which the ESG funds were awarded. Income limits can be found here: <https://www.huduser.gov/portal/datasets/il.html>

Source documentation of income and assets must be attached to this worksheet (e.g., wage statement, unemployment compensation statement, public benefits statement, bank statement). To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., employer, government benefits administrator) or the written certification by intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period for which representative data is available. To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income the program participant received for the most recent period is representative of the income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.

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Household Size: _____		30% MFI: _____	
ASSETS			
Name	Asset Description	Current Cash Value of Assets	Actual Income from Assets
1. Net Cash Value of Assets		1.	
2. Total Actual Income of Assets			2.
3. If line 1 is greater than \$5,000, multiply line by 0.06% (Passbook Rate) and enter results here; otherwise, leave blank.			3.
4. Greater of line 2 or 3			4.
ANTICIPATED ANNUAL INCOME			
Name	Type	Calculation	Anticipated Income
5. Total Income			5.
6. <i>Part 5 Annual Income Determination (line 4 plus line 5)</i>			6.

Annual Family Income: \_\_\_\_\_ divided by 100% of MFI: \_\_\_\_\_ X 100 = AMI \_\_\_\_\_ %  
 This applicant is found to be:

\_\_\_\_\_ Eligible  
 \_\_\_\_\_ Ineligible

**By signing below, I certify that this information is complete and accurate for my household. I agree to provide, upon request, documentation on all income sources to the Grantee.**

ESG Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by ESG Staff: \_\_\_\_\_ Date: \_\_\_\_\_

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Type of Income	Required Documentation <i>(all household members 18 years and older)</i>
Wages and Salary Income	<input type="checkbox"/> Copy of most recent pay stub(s). <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from employer that includes name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation. <b>OR</b> <input type="checkbox"/> Oral verification from employer that includes name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation (complete Third-Party Oral Verification form. Equivalent case notes may be substituted.). <b>OR</b> <input type="checkbox"/> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form).
Self Employment and Business Income	<input type="checkbox"/> Copy of most recent federal and state tax return. <b>OR</b> <input type="checkbox"/> Self-declaration that includes source of income, income amount and frequency of income (complete Self-Declaration form).
Interest and Dividend Income	<input type="checkbox"/> Copy of most recent interest or dividend income statement. <b>OR</b> <input type="checkbox"/> Copy of most recent federal and state tax return. <b>OR</b> <input type="checkbox"/> Self-declaration that includes source of income, income amount, and frequency of income (complete Self-Declaration form).
Pension/Retirement Income	<input type="checkbox"/> Copy of most recent payment statement or benefit notice from Social Security, pension provider, or other source. <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from Social Security, pension provider, or other source that includes name of income source and income amount. <b>OR</b> <input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third-Party Oral Verification form. Equivalent case notes may be substituted.). <b>OR</b> <input type="checkbox"/> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form).
Unemployment and Disability Income	<input type="checkbox"/> Copy of most recent payment statement or benefit notice. <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount. <b>OR</b> <input type="checkbox"/> Oral verification from source that includes name of income source and income amount

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	<p>(complete Third-Party Oral Verification form. Equivalent case notes may be substituted.).</p> <p><b>OR</b></p> <p><input type="checkbox"/> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form).</p>
TANF/Public Assistance	<p><input type="checkbox"/> Copy of most recent payment statement or benefit notice.</p> <p><b>OR</b></p> <p><input type="checkbox"/> Dated mail, fax, or email verification from welfare administrator that includes name of income source and income amount.</p> <p><b>OR</b></p> <p><input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third-Party Oral Verification form. Equivalent case notes may be substituted.)</p> <p><b>OR</b></p> <p><input type="checkbox"/> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form).</p>
Alimony, Child Support, Foster Care Payments	<p><input type="checkbox"/> Copy of most recent payment statement, notices, or orders.</p> <p><b>OR</b></p> <p><input type="checkbox"/> Dated mail, fax, or email verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount.</p> <p><b>OR</b></p> <p><input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third-Party Oral Verification form).</p> <p><b>OR</b></p> <p><input type="checkbox"/> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form).</p>
Armed Forces Income	<p><input type="checkbox"/> Copy of pay stubs, payment statement, or other government-issued statement indicating income amount.</p> <p><b>OR</b></p> <p><input type="checkbox"/> Dated mail, fax, or email verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount.</p> <p><b>OR</b></p> <p><input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third-Party Oral Verification form).</p> <p><b>OR</b></p> <p><input type="checkbox"/> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form).</p>