



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