



Fuel Program Budget Worksheet

Name Vermont example SSN 001-01-0001

Household Heating Information

Pay for Heat (y/n) Y

Housing Type Single Home

of Bedrooms 4

Fuel Type Oil

Subsidy (y/n) N

Annual Heat cost Part II #1

Maximum gross income for a household size of 3 = 3981
185 % FPL

Line of credit (Percentage of Benefit) based on date application received: circle one & enter on Part II #4

Date of Application	Season %
Ongoing Elig Review	100 %
March 1 thru November 30	100 %
December	80 %
January	60 %
February	40 %

- HEAT INCLUDED paid to applicant
- WOOD/PELLET paid to applicant
- EFT to FUEL DEALER

Fuel Dealer Name: Jones Fuel

Vendor No: 12345-54321

Check One if Applicable:*

- \$21 Roomer
- \$21 heat incl subsidy benefit

* If they pass the Maximum Gross Income test no further calculation is needed.

I. Maximum gross income test

- a. Total earned income for past 30 days \$ 0
- b. Total unearned income for the past 30 days \$ 0
- c. Public assistance (Reach Up, EP, or PSE) \$ 0
- d. Total income (a. + b. + c.) \$ 0

If household passes maximum gross income test (I), complete section (II) to determine benefit amount.

II. Benefit Amount Determination

Household Income % of poverty range : _____

1	Annual heating fuel cost (Heat Cost Tables)	\$ <u>4552</u>
2	Heat Cost Percentage (Fuel Pgm Table II)	X <u>90</u>
3	Base Benefit	= <u>4096.80</u>
4	Season % (date of appl left)	X <u>100</u>
5	Reduced Benefit	= <u>4096.80</u>
6	Benefit % = 100% unless: Housing is subsidized = 55% Heat incl in housing = 30%	X <u>100%</u>
7	Reduced Benefit	= <u>4096.80</u>
8	Current Rateable Percent	X <u>45%</u>
9	Net Benefit (drop cents)	= <u>1843.56</u>

Here is an example that shows how we got to that payment amount. The cents is then dropped giving a final payment \$1843

Net Benefit Amount (line 9 above): \$ _____

Benefit Paid To Date: \$ _____

Adjusted Amount Due: \$ _____

Completed by: _____ Date: _____

Name - Financial BPS - please print

Supervisory Review by: _____ Date: _____

Name - Supervisor - please print

Payment Authorized by: _____ Date: _____

Name - please print