|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2020 LIHEAP Maxtrix UPDATED as Poverty** & **State Median Guidelines Change (DOL)** | | |  | **Point Assignment** | **4** | | **3** | | **2** | | **1** | | |  |
| **(Lower 48 Contiguous States)**  **6 Months (rounded)** | | |  | **Income Level** | **$0 to $6,000** | | **$6,001 to $12,000** | | **$12,001 to $18,000** | | **$18,001 and**  **over** | | |  |
| **# in House hold** | **150% to Poverty** | **60% OK State Median** |  | **Fuel Type** | **4 Propane** | | **3 Gas** | | **2 Electric** | | **1   Wood** | | |  |
| **1** | **$n/a** | **$11,011** |  | **# of Bedrooms +1 Each bedroom** | **4** | | **3** | | **2** | | **1** | | |  |
| **2** | **$n/a** | **$14,399** |  | **Total Number in Household (+1 each person)** | **4** | | **3** | | **2** | | **1** | | |  |
| **3** | **$n/a** | **$17,787** |  | **Special Conditions** | **Elder** | | **Disabled** | | **Child under 5** | | **Veteran** | | | **Crisis** |
| **4** | **$n/a** | **$21,175** |  | **Add +1 per Each Applicable Special Condition** | | | | |  | |  | | |  |
| **5** | **$n/a** | **$24,563** |  | ***List:*** | |  | |  | |  | |  |  | |
| **6** | **$n/a** | **$27,951** |  | 1 | |  | |  | |  | |  |  | |
| **7** | **$29,258** | **$n/a** |  | 2 | |  | |  | |  | |  |  | |
| **8** | **$32,583** | **$n/a** |  | 3 | |  | |  | |  | |  |  | |
| **9** | **$35,898** | **$n/a** |  | 4 | |  | |  | |  | |  |  | |
| **10** | **$39,213** | **$n/a** |  | 5 | |  | |  | |  | |  |  | |
| **Poverty**  **Hhld 11+ add $ per member** | **2/01/19 Add**  **$3315** | **$n/a** |  |  | |  | |  | |  | |  |  | |

**Estimated Annual Income – 12 Months Total: to Median Income %**

**Categorically eligible-Circle: SS-D; Veterans Disability; DHS-FS/SNAP; USDA-Commodities;**

**List Excluded Income - Show Calculations =**

**List Included Income – Show Calculations =**

**Verification Other Assistance Not Previously Rendered This Season**

Phone Fax Self Identification

DHS Other Tribal Other Social Service Agency

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**Formula / Calculation of Assistance**

Income Level

Fuel Type

# of Bedrooms

Household Number

Special Conditions

Total Points X $5.00 =

Plus + $100.00 base

Maximum appliance repair or replacement $2,000. MAXIMUM UTILITY ASSISTANCE PER SEASON - $500

**DETERMINATION: Eligible / Approved**

**\_\_\_\_\_\_\_\_In-eligible: Circle Reason(s): Over Income Non-Native Household**

**Out of Service Area Ineligible Utility Assistance Requested Other:**

**\*THIS PAGE FOR CPN LIHEAP STAFF USE ONLY\***

**NOTE: POVERTY LEVELS WILL BE CHANGED UPON FEDERAL NOTICE**