

## EARNED INCOME DISALLOWANCE (EID) ANALYSIS — HOUSING CHOICE VOUCHER

This form must be completed whenever a participant reports an increase in earnings or new employment of an adult family member who is a person with disabilities. If the family's annual income increases as a result of the new or increased earnings and the person meets any one of the three conditions below, the family and the individual qualify for the Earned Income Disallowance.

*Please leave this form in the file even if the person does not qualify for the EID.*

Name of Family Member \_\_\_\_\_

Has the family experienced an increase in annual income?.....  Yes  No

**If no, do not continue. The family is not eligible for the EID.**

### 1. Previously unemployed one year or longer

Has the person been unemployed for one year or longer? .....  Yes  No

a. If "Yes" **STOP**, the person qualifies for the EID.

b. If "No", did the person earn \$ \_\_\_\_\_\*\* or less in the last 12 months? .....  Yes  No

[\$ \_\_\_\_\_\*\* = 10 X 50 X higher of federal, state or local minimum wage]

If the answer is "Yes" **STOP**, the person qualifies for the EID.

### 2. Received TANF benefits in the past six months

Did the person receive TANF benefits in the past 6 months? (a monthly TANF grant)

Yes  No If Yes, **STOP**, they qualify for the EID.

If "No", did the person receive one-time payments (for wage or transportation subsidies or other TANF related benefits or services) that totaled at least \$500 in the past 6 months?

Yes  No If Yes, **STOP**, they qualify for the EID.

### 3. Participation in an economic self-sufficiency program

Did the person become employed during participation in a job training or economic self-sufficiency program? .....  Yes  No

An economic self-sufficiency program is any program designed to encourage, assist, train or facilitate economic independence such as job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship or any program necessary to ready a participant to work. This includes a mental health treatment or substance abuse treatment program or other work activities.

If the answer is "Yes" the person qualifies for the EID

### Qualified Training Program Income Exclusion

If the person does not qualify for the EID, are they participating in a qualified State or local training program? .....  Yes  No

Staff Person \_\_\_\_\_ Date: \_\_\_\_\_