

EARNED INCOME DISALLOWANCE (EID) ANALYSIS — PUBLIC HOUSING

This form must be completed whenever a tenant reports an increase in earnings or new employment of an adult family member. 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.

If yes, continue. Qualify the person (family member above).

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 "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**, the person qualifies 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**, the person qualifies for the EID.

3. Participation in a qualifying job training program or an economic self-sufficiency program

Is the person currently participating in a qualifying job training program?

Yes No If Yes, **STOP**, the person qualifies for the EID.

If "No" is the person currently participating in an economic self-sufficiency program?

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.

Yes No If Yes, **STOP**, the person qualifies for the EID.

Staff Person _____ Date: _____