

Earned Income Disallowance Calculation

(HCV: only for persons with disabilities)

This form applies to family members eligible for EID on or after 5/9/16.

Family Name _____

Family Member _____

- How much is the EID family member's pre-qualifying (baseline) income? (ALL income of EID family member, including asset income, prior to qualifying event):

--

Step 1: Calculate the full exclusion amount

A1. Enter EARNED income of EID family member	\$	
A2: Earned income, if any, included in pre-qualifying income		
A3: Increase in earned income (A1 – A2). If 0 or negative, STOP. Do not exclude any earned income.		
B. Enter other income of EID family member (including income from assets)		
C. Total annual income of EID family member (A1 + B)		
D. Enter pre-qualifying income (baseline)	\$	
E. Full exclusion (C minus D, but no more than A3). If amount exceeds A3, enter amount from A3. (First 12-months)	= \$	
F. Enter percentage excluded for the second 12-month period per PHA policy		
G. Calculate exclusion for second 12-month period (E x F)	= \$	

Step 2: Determine EID family member's wages after exclusion

H. Enter EID family member's earnings (HUD 50058, 7d):	\$	
I. Enter exclusion from E or G, as applicable (HUD 50058, 7e):	\$	
J. EID family member's earned income after exclusions (HUD 50058, 7f): (H minus I)	= \$	

HUD Form 50058

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
7g. Column total						