

**EARNED INCOME DISALLOWANCE  
ELIGIBILITY QUESTIONNAIRE**

**Organization:** \_\_\_\_\_  
**Processed By:** \_\_\_\_\_  
**Reviewed By:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Family/Tenant Name:** \_\_\_\_\_  
**Unit:** \_\_\_\_\_

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**Answer the following questions to determine if a family or tenant qualifies for the Earned Income Disallowance (EID):**

**PART ONE**

1. Has the family experienced an increase in wages as a result of employment?

YES                       NO

*If yes, what is date the family first experienced an increase in income attributable to employment?*

\_\_\_\_\_

2. Is the person who is experiencing the increase in income a resident of public housing?

YES                       NO

3. Does the person who is experiencing the increase have a disability AND live in housing subsidized through one of the following: the Housing Choice Voucher Program, HOME Investment Partnership Program, Housing Opportunities for Persons with Aids (HOPWA), or the Supportive Housing Program?

YES                       NO

Indicate which program: \_\_\_\_\_

***If the answer to ALL of the above questions is no, the family/tenant does not qualify for EID.***

***If the answer to question 1 above is YES and the answer to EITHER question 2 or 3 above is YES, proceed to Part Two:***

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**PART TWO**

1. Prior to the new employment or increase in income, was the family member/tenant unemployed for the past 12 months or longer?

YES                       NO

2. Prior to the new employment or increase in income, did the family member/tenant earn less than \$\_\_\_\_\_ (enter the higher of Federal, State, or local minimum wage) X 500 = \_\_\_\_\_ in the past year?

YES                       NO

If yes, please indicate amount: \_\_\_\_\_

3. Did the family member/tenant experience an increase in wages while participating in an economic self-sufficiency or other job training program?

YES

NO

If yes, please indicate which type of program:

- Job training
- Workfare
- Basic skills training
- On-the-job training
- Work placement
- Apprenticeship
- Employment counseling
- Financial or household management
- Substance abuse treatment
- Mental health treatment
- English proficiency
- Other: \_\_\_\_\_

4. Is the family member/tenant currently receiving cash assistance, benefits or services under any State program for TANF?

YES

NO

If yes, please indicate program: \_\_\_\_\_

5. Did the family member/tenant receive cash assistance, benefits or services under any State program for TANF worth at least \$500.00 within the 6 months immediately prior to the new employment or increase in income (including one-time payments, wage subsidies, and transportation assistance)?

YES

NO

If yes, please indicate approximate value: \_\_\_\_\_

***If the answer to any one of the above questions in Part Two is YES, the family/tenant qualifies for the EID. If not, the family/tenant does not qualify.***