EARNED INCOME DISALLOWANCE
ELIGIBILITY QUESTIONNAIRE

Organization: ________________________________
Processed By: ________________________________
Reviewed By: ________________________________
Date: ________________________________
Family/Tenant Name: ________________________________
Unit: ________________________________

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:

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
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.