Passamaquoddy Tribe At Pleasant Point 2020 Income Guidelines

	<u>A</u>	<u>B</u>	<u>C</u>	
Household Size	1 Month	3 Months	12 Months	
1	\$2,218	\$6,653	\$26,612	
2	\$2,900	\$8,700	\$34,800	
3	\$3,582	\$10,747	\$42,988	
4	\$4,265	\$12,794	\$51,176	
5	\$4,947	\$14,841	\$59,364	
6	\$5,629	\$16,888	\$67,552	
7	\$5,757	\$17,272	\$69,088	
8	\$5,885	\$17,565	\$70,623	
9	\$6,103	\$18,040	\$72,158	
10	\$6,534	\$19,601	\$78,405	

Benefit Leve	els For: OWNERS/RENTERS	RENTERS WITH FUEL
	W/ FUEL AS ADDITIONAL:	INCLUDED IN RENT:
Fuel Oil-	A- \$1,500	A- \$450
	B- \$1,350	B- \$300
	C- \$1,200	C- \$260
Electricity-	A- \$1,350	A- \$450
	B- \$1,200	B- \$300
	C- \$1,050	C- \$260
Wood-	A- \$1,200	A- N/A
	B- \$1,050	B- N/A
	C- \$900	C- N/A
Pellets-	A- \$1,200	A- N/A
	B- \$1,050	B- N/A
	C- \$900	C- N/A

This amount may change depending upon total funding amount awarded. All yearly figures were calculated from 60% of the State Medium Income.

If you pay court ordered Child Support, you may be able to deduct the amount paid from your household's income. If your household income is over the LIHEAP income guidelines, you may be able to deduct a portion of the amount you paid for Medical expenses.

Wood	Electricity	Primary Fuel Type Points
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Total	Fuel Type	Income
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Note: Based on gross income. Income over 175% poverty level 1 disqualifies applicant unless see below:

Income guidelines for households with a member who is susceptible to hypothermia,

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Those at points 6 and above qualify for ECIP payment on Electricity bill, furnace cleaning, and weatherization
Those at points below do not qualify for ECIP payment on Electrical bill, furnace cleaning, or weatherization
If funds are still available for weatherization after those on levels 8 and higher, those at points will be serviced at level 7, next level 6 until funds are no longer available. such as elderly (62 and over), a child twenty-four months or age or under, or with a doctor's diagnosis. (These will be eligible benefits with the 175% of the income level).

Total Points	Max Paymen
10 and over	\$1,500.00
9	\$1,350.00
8	\$ 1,200.00
7	\\$1,050.00
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5	\$ 750.00
4	S 600.00

	Assistance ⁼ Lesser of 1 and 2
	2 - Max payment (from table)
	1 - Total allowance
	Deduct total payments this year
\$1500	iVaximum Annual Assistance
	Payment Calculation