Clear

FOOD ASSISTANCE BUDGET WORKSHEET

1. Name:_____ Case #:_____ Seq.:_____ Month(s):_____

2a. Gross Monthly Earned Income $_____

If needed, specify source(s) of earned income.

\+ $_____

\+ $_____

b. *Total Earned Income* ..... = $ 0.00

3a. Gross Monthly Unearned Income $_____

If needed, specify source(s) of unearned income.

\+ $_____

\+ $_____

b. *Total Unearned Income* ..... = $ 0.00

4. Total Monthly Gross Income: Tot. Earned(2b) $ 0.00 + Tot. Unearned(3b) $ 0.00 = $ 0.00

(Compare to) **Maximum Gross Income Standard:** $_____ (for HH Size of) _____

Result: The Assistance Group has ☐ Passed ☐ Failed the Food Assistance ***Gross*** Income Test

5.

a. ***Total Earned Income*** (2b)		$ 0.00
b. 20% Exclusion	–	0.00
c. Subtotal	=	0.00
d. ***Total Unearned Income*** (3b)	+	0.00
e. Total Income	=	0.00
f. Standard Deduction	–	
g. **Total income**	=	0.00
h. Homeless Income Deduction	–	
i. **Total Net Income**	=	0.00

7.

a. ***Excess Medical Expenses*** (6c)	–	0.00
b. **Total**	=	0.00
c. Dependent Care	–	
d. Net Income	=	0.00
e. Child Support Paid	–	
f. ***Adjusted Net Income***	=	0.00

8. ***Adjusted Net Income*** (7f) $ 0.00

X .50 = Shelter Standard $ 0.00

10.

a. Adjusted Net Income (7f)		$ 0.00
b. ***Excess Shelter Deduction*** (9g)	–	0.00
c. ***FA Adjusted Net Income***	=	0.00

6. Medical Expenses: (qualified recipients only)

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

a. **Total Medical** $ 0.00

b. Minus Medical Standard – _____

c. ***Excess Medical Expenses*** = 0.00

Explanation of "capped/uncapped" excess shelter deduction

9. Shelter Expenses:

a. Mortgage/Rent		$
b. Insurance/Taxes	+	
c. Utilities (SUA/BUA/Phone)	+	
d. Other: _____	+	
e. **Total Shelter**	=	0.00
f. Shelter Standard (from 8)	–	0.00
g. ***Excess Shelter Deduction***	=	0.00

Calculate allowable excess shelter deduction

11. Compare **FA Adj. Net Income** (10c) $ 0.00 to **Maximum Net Income Std.** $_____ for HH Size ____

Result: The Assistance Group has ☐ Passed ☐ Failed the Food Assistance ***Net*** Income Test

12.

a. ***FA Adjusted Net Income*** (10c		$ 0.00
		X 30%
b. Benefit Reduction (*round up*)	=	0

13.

a. Maximum Allotment		$
b. ***Benefit Reduction*** (12b)	–	0
c. Monthly Allotment	=	0
d. ***Proration Factor****	X	
e. First Month Benefits	=	0

Click Here to see Proration Table

***** Prorate Initial Month only***

14. For Calculation of Restored Benefits:

a. Corrected Allotment		$
b. Actual Allotment Issued	–	
c. Restored Benefit Amount	=	0

15. For Calculation of Overissuance

a. Actual Allotment Issued		$
b. Corrected Allotment	–	
c. Amount of Overissuance	=	0

Reason for Worksheet:_____

ESS Signature:_____ Date:_____