

**STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC ASSISTANCE**

ATAP STEPPARENT / SPONSOR INCOME WORKSHEET

Case Name: _____

Case Number: _____

District: _____

(A) Stepparent Income: Month of _____, 20_____

Earned Income:	Stepparent's Gross Monthly Earned Income	=	\$ _____
	\$90 Earned Income Deduction	-	\$ _____
	Adjusted Total Earned Income	=	\$ _____

Unearned Income:	Source	
	\$ _____	
	+ \$ _____	
	+ \$ _____	
	+ \$ _____	

Total Earned	= \$ _____	+	\$ _____
	Gross Earned and Unearned Income	=	\$ _____

Adjustments to Gross:

Payments to Persons Outside Home	\$ _____	
Child Support/Alimony Paid	+ \$ _____	
ATAP Need Standard for Stepparent and Family, _____ Persons	+ \$ _____	
Total Adjustments	= \$ _____	- \$ _____
Net Stepparent Income Available:		= \$ _____

Eligibility Technician

Date

(B) Alien Sponsor's Income: _____ Month of _____, 20____

Earned Income:

Sponsor and Spouse's Gross Monthly Earned Income + \$ _____

20% of Sub-Total, but not over \$175 - \$ _____

Adjusted Total Earned Income = \$ _____

Unearned Income: Sponsor \$ _____ Source _____

+ \$ _____

+ \$ _____

Spouse '+ \$ _____

+ \$ _____

+ \$ _____

Total Unearned Income = \$ _____ + \$ _____

Gross Earned and Unearned Income = \$ _____

Adjustments to Gross:

Payments to Tax Dependents Outside Home \$ _____

Child Support/Alimony Paid + \$ _____

ATAP Need Standard for Sponsor and Family, _____ Persons + \$ _____

Total Adjustments = \$ _____ - \$ _____

Net Sponsor Income Amount to be Entered on Gen #5A = \$ _____

 Eligibility Technician

 Date