

## TEMPORARY ASSISTANCE BUDGET WORKSHEET

Household Type:	Household Size	Benefit Month/Year: _____
Pregnant Woman	_____	
Adult Included	_____	Prospective Budgeting _____
Incapacitated Parent	_____	Retrospective Budgeting _____
Adult Not Included	_____	(only for benefit months before 10/01)

PROSPECTIVE ELIGIBILITY DETERMINATION	
185% ELIGIBILITY TEST	NET INCOME ELIGIBILITY DETERMINATION
<p><b>EARNED INCOME</b></p> <p>Gross Wages                    \$ _____</p> <p>Adjusted Gross Self-Employment Earnings    +    \$ _____</p> <p>In-Kind Earnings                +    \$ _____</p> <p><i>Note: Earned Income Deductions are not allowed in the 185% test.</i></p> <p><b>A. GROSS EARNED INCOME</b>    \$ _____</p>	<p><b>EARNED INCOME</b></p> <p>Gross Wages                    \$ _____</p> <p>Adjusted Gross Self-Employment Earnings    +    \$ _____</p> <p>In-Kind Earnings                +    \$ _____</p> <p><b>Total Gross Earned Income</b>    \$ _____</p> <p>    \$90 Work Expense            -    \$ _____</p> <p>          OR</p> <p>    \$150 and                    %    -    \$ _____</p> <p>    Child Care Deduction        -    \$ _____</p> <p><b>A. NET EARNED INCOME</b>        \$ _____</p>
<p><b>B. UNEARNED INCOME</b>    +    \$ _____</p>	<p><b>B. UNEARNED INCOME</b>    +    \$ _____</p>
<p><b>C. NET DEEMED INCOME</b>    +    \$ _____</p>	<p><b>C. CHILD SUPPORT PAID</b>    -    \$ _____</p>
<p><b>Total Gross Income (A+B+C)</b>    \$ _____</p> <p><b>185% Eligibility Standard</b>        \$ _____</p> <p>    Penalty Amount                -    \$ _____</p> <p>    <i>Penalty amount may vary depending on penalty type and length of penalty period. See TA MS 723-4.</i></p> <p><b>Adjusted 185% Standard</b>        \$ _____</p> <p><b>Is Total Gross Income equal to or less than the Adjusted 185% Standard?</b>    ___ YES ___ NO</p> <p><i>If yes, continue to Net Income Eligibility Test. If no, deny/close case.</i></p>	<p><b>Net Countable Income (A+B-C+D)</b>        \$ _____</p> <p><b>Family's Need Standard</b>            \$ _____</p> <p>    Penalty Amount                -    \$ _____</p> <p>    <i>Penalty amount may vary depending on penalty type and length of penalty period. See TA MS 723-4.</i></p> <p><b>Adjusted Need Standard</b>            \$ _____</p> <p><b>Is Net Countable Income equal to or less than the Adjusted Need Standard?</b>    ___ YES ___ NO</p> <p><i>If yes, complete the Payment Determination Calculation. If no, deny/close case.</i></p>

**PAYMENT DETERMINATION**

**EARNED INCOME**

**Gross Wages** \$ \_\_\_\_\_

**Adjusted Gross Self-Employment Earnings** + \$ \_\_\_\_\_

**In-Kind Earnings** + \$ \_\_\_\_\_

**Total Gross Earned Income** = \$ \_\_\_\_\_

**\$150 + \_\_\_\_\_ %** - \$ \_\_\_\_\_

**Child Care Deduction** - \$ \_\_\_\_\_

**A. NET EARNED INCOME** = \$ \_\_\_\_\_

**B. UNEARNED INCOME** + \$ \_\_\_\_\_

**C. CHILD SUPPORT PAID** - \$ \_\_\_\_\_

**D. NET DEEMED INCOME** + \$ \_\_\_\_\_

**NET COUNTABLE INCOME (A+B-C+D)** = \$ \_\_\_\_\_

**PAYMENT CALCULATION**

**Family's Need Standard** \$ \_\_\_\_\_

**Penalty Amount** - \$ \_\_\_\_\_

*Penalty amount may vary depending on penalty type and length of penalty period. See TA MS 723-4.*

**Maximum Shelter Allowance** \$ \_\_\_\_\_  
*(30% of Need Standard)*

**Shelter Costs** - \$ \_\_\_\_\_

**Shelter Allowance Adjustment** - \$ \_\_\_\_\_

**Adjusted Need** = \$ \_\_\_\_\_

**Net Countable Income** - \$ \_\_\_\_\_

**Amount of Need** = \$ \_\_\_\_\_

**Percent of Need Payable (100% minus Ratable Reduction)** X \_\_\_\_\_  
*If the payment amount is less than \$10, no payment is made.*

**Initial Month Proration Percentage** X \_\_\_\_\_  
*Days remaining in month (including date of receipt) divided by total days in the month. See Chapter 780 for policy on initial month payment.*

**Prorated Payment (month of application only)** = \$ \_\_\_\_\_

***For July/August/September, payments for 2-parent households are multiplied by .50***