

## TEMPORARY ASSISTANCE BUDGET WORKSHEET

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

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

## PAYMENT DETERMINATION

### EARNED INCOME

Gross Wages		\$ _____		
Adjusted Gross Self-Employment Earnings	+	\$ _____		
In-Kind Earnings	+	\$ _____		
<b>Total Gross Earned Income</b>			=	\$ _____
\$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 \_\_\_\_\_

*This percentage changes January 1 each year.*

**PAYMENT AMOUNT** = \$ \_\_\_\_\_

*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**