

FOOD STAMP BENEFITS BUDGET WORKSHEET

Form with fields: CASE NAME - First, M.I., Last, SOC. SEC. NO., CASE NUMBER, DIST., CENTER, MAILING ADDRESS, Number & Street, City, State, Zip Code, \*CATEGORICALLY ELIGIBLE? (Y or N), OPEN CLOSE, RECERT, DENIED REASON, TOTAL NO. OF PERSONS IN HOUSEHOLD.

INCOME

Table with columns: LINE NO., First, GROSS EARNED INCOME (See note 1 below), M.I., Last. Rows 1-4.

Table with columns: AMOUNT. Rows 1-4.

5. TOTAL lines 1, 2, 3, 4..... 5.

Table with columns: LINE NO., First, UNEARNED INCOME (See note 1 below), M.I., Last. Rows 6-9.

Table with columns: AMOUNT. Rows 6-9.

10. TOTAL lines 6, 7, 8, 9..... 10.

11. Enter countable vendor payments (paid by agency)..... 11.

\*12. Gross Income Subject to FS Gross Income Eligibility Test (Total lines 5, 10 and 11)..... 12.

13. Enter 20% of Line 5..... 13.

14. Adjusted Gross Income - (Line 12 minus Line 13)..... 14.

STANDARD DEDUCTION

15. Line 14 less standard deduction. If negative, enter zero..... 15.

DEPENDENT CARE

16. Enter Dependent Care up to maximum limit..... 16.

LEGALLY OBLIGATED CHILD SUPPORT

17. Enter Legally Obligated Child Support paid..... 17.

18. Adjusted Net Income (Line 15 minus lines 16 and 17). If negative, enter zero..... 18.

SHELTER COSTS

19. Actual Rent, Mortgage, etc..... 19.

20. Property Taxes, Insurance on Building..... 20.

- 21. [ ] Has Heating/Cooling Costs or received HEAP for the current program year (Enter larger of Heating/Cooling Standard or Total of Actual Costs for Heating, Cooling, Utilities and Phone) (See note 3 below) OR
[ ] Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling Costs - has Utility Costs. (Enter larger of Utility Standard or Total of Actual Costs for Utilities and Phone) (See note 3 below) OR
[ ] Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling Costs, has No Utility Costs - has Phone Cost. (Enter larger Phone Standard or Actual Phone Cost) (See note 3 below) OR
[ ] Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling or Utility or Phone Costs. (Enter \$0) (See note 3 below)

22. Other..... 22.

23. TOTAL lines 19, 20, 21, 22..... 23.

24. Enter 50% of line 18..... 24.

25. Shelter Excess. Line 23 minus line 24. If negative, enter zero..... 25.

26. Enter maximum excess shelter deduction, or amount from line 25, whichever is less..... 26.

\*27. Food Stamp Net Income. (Line 18 minus line 26). Check net FS Income Eligibility Limits..... 27.

28. Full month's benefit amount [(appropriate Thrifty Food Plan amount) - (line 27 x .30 rounded to the next higher dollar amount)]..... 28.

29. Claims recovery amount (Leave blank if prorating benefits)..... 29.

PARTICIPATION

30. Monthly Allotment Amount (line 28 minus line 29) or Prorate Benefit amount if appropriate.

PRORATION FORMULA

Line 28 x (31 - Date of Application) / 30

30. BENEFIT AMOUNT

- Notes: 1 Self-employment income is to be entered minus the cost of doing business.
2. TA Grant amounts are to be entered minus appropriate Food Stamp exclusions. Monthly student income is to be entered minus tuition, fees and allowable reimbursements.
3. Enter prorated share of the Standard or Actual expense, whichever is greater when HEAP benefit (or expense) is shared.

AUTHORIZED REPRESENTATIVE NAME: \_\_\_\_\_

AUTHORIZED PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_ WORKER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADVERSE ACTION EFFECTIVE: \_\_\_\_\_ SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Categorically eligible households are not subject to Gross or Net Eligibility Limits (lines 12 and 27).