

BUDGET WORKSHEET – TEMPORARY ASSISTANCE

CASE NAME/CO-OP CASE NAME	MAILING ADDRESS	CASE NUMBER	CASE TYPE	NO. IN TA HH	NO. IN CASE
CASE					
CO-OP					
CO-OP					
SHELTER: <input type="checkbox"/> Own Home <input type="checkbox"/> Rent - Private <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Actual Cost: \$ <input type="checkbox"/> Room & Board <input type="checkbox"/> Rent - Public <input type="checkbox"/> Other		FUEL <input type="checkbox"/> Included in Shelter TYPE: _____			
<small>FOR HOUSEHOLD WITH STEPPARENT/ GRANDPARENT, SEE SECTION IN REVERSE</small>					
R - ENTER "R" IF RESTRICTED		SECTION A - NEEDS		SECTION B – MONTHLY EARNED INCOME	
ITEM OF NEED	R	ALLOWANCE			
1 Basic Allowance					15 Name/Line No.
2 Home Energy					16 Gross Income
3 Supplemental Home Energy Allowance					17 Earned Income Disregard (% of 16)
4 Shelter					18 Sub Total (16 minus 17)
5 Room & Board					19 Work Disregard (\$150)
6 Water & Sewer					20 Net Income(18 minus 19)
7 Fuel					SECTION C – MONTHLY OTHER INCOME
8 Pregnancy					21 Name/Line No.
9 Other					22 Source
10 Other					23 Gross Income
11 Other					24. Exempt Amount
12 Total 1-11.....					25 Net Income (23 minus 24)
13 IV-D Reduction (% of 12)					A B C
14 Adjusted Needs (12 minus 13)					A B C
SECTION D – MONTHLY INCOME					
26 Earned Income (from 20-A)					SECTION F - RECOURPMENT
27 Earned Income (from 20-B)					RECOURPMENT TYPE CODES
28 Other Income (from 25-A)					1 Agency Error
29 Other Income (from 25-B)					2 Client Error
30 Other Income (from 25-C)					3 Advance Payment
31 Deemed Income (Calc. on Reverse)					4 TA Fraud/FS IPV
32 Total Income (26- 31)					5 IV-D Payment
					6 Shelter Expenses- Other Than Rent
					35 Total Recoupment
					REMARKS:
SECTION E - SURPLUS/DEFICIT AND GRANT					
33 Surplus (Line 32 minus line 12)					REMARKS: DISPOSITION <input type="checkbox"/> OPENING <input type="checkbox"/> DENIAL <input type="checkbox"/> REOPENING <input type="checkbox"/> CHANGE <input type="checkbox"/> RECERTIFICATION <input type="checkbox"/> CLOSING
34 Deficit (Line 12 minus line 32)					
36 Prorata Sanction					
37 Recoupment (Line 35)					
38 Shelter Restricted					
39 Utility Restricted					
40 Restricted					
42 Sub-Total (Lines 36 thru 40)					
42 Cash Grant (Line 34 minus 41)					
AUTHORIZATION PERIOD	From				
	To				
WORKER'S SIGNATURE	DATE	SUPERVISOR'S SIGNATURE			DATE

**BUDGET WORKSHEET –
TEMPORARY ASSISTANCE**

REMARKS:

CALCULATION OF DEEMED INCOME		NUMBER PERSONS FOR WHOM RESPONSIBLE
<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> GRANDPARENT	
NAME OF:		
SECTION A - OTHER MONTHLY INCOME		
43 Gross Income.....		
44 Exempt Amount.....		
45 Net Other Income (43 minus 44).....		
SECTION B – MONTHLY EARNED INCOME		
46 Gross Income.....		
47 Stepparent/Grandparent Disregard: \$150		
48 Net Earned Income (46 minus 47).....		
49 Total Net Income (45 plus 48).....		
SECTION C - NEEDS		
50 Basic Allowance.....		
51 Home Energy.....		
52 Supplemental Home Energy Allowance.....		
53 Shelter.....		
54 Water.....		
55 Fuel.....		
56 Total Needs.....		
SECTION D - PAYMENTS		
57 Alimony/Child Support.....		
58 To Other Dependents.....		
59 Total Payments (57 plus 58)		
60 Total Deductions (56 plus 59).....		
61 Total Deemed Income (49 minus 60).....		

Enter Deemed Income on Line 31 on Face Side

CALCULATION OF TA HOUSEHOLD'S SHELTER COST	
62 Shelter Cost of Entire Household.....	
63 Stepparent's/Grand parent's Shelter Allowance (53)	
64 TA Household's Shelter Cost (62 minus 63)	

Enter Shelter Cost on Face Side