

CALFRESH BUDGET WORKSHEET/SEMI-ANNUAL REPORTING HOUSEHOLDS

CASE NAME	COMPANION CASE REFERENCE	CASE NUMBER	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TC
CERTIFICATION PERIOD FROM _____ THROUGH _____	BUDGET IS BASED ON: SAR 7 <input type="checkbox"/>		MID-CERTIFICATION PERIOD REPORT <input type="checkbox"/> OTHER <input type="checkbox"/> RECERTIFICATION <input type="checkbox"/>

PART 1 - GROSS INCOME

A. NONEXEMPT GROSS UNEARNED INCOME	SOCIAL SECURITY, UIB, DIB, PENSIONS	CHILD/SPOUSAL SUPPORT	SCHOLARSHIPS, GRANTS, LOANS	OTHER
1. Month 1/Year _____ / _____	\$ _____	\$ _____	\$ _____	\$ _____
2. Month 2/Year _____ / _____	\$ _____	\$ _____	\$ _____	\$ _____
3. Month 3/Year _____ / _____	\$ _____	\$ _____	\$ _____	\$ _____
4. Month 4/Year _____ / _____	\$ _____	\$ _____	\$ _____	\$ _____
5. Month 5/Year _____ / _____	\$ _____	\$ _____	\$ _____	\$ _____
6. Month 6/Year _____ / _____	\$ _____	\$ _____	\$ _____	\$ _____
7. Unearned Income (A1 + A2 + A3 + A4 + A5 + A6)				Total \$ _____ (A7)
8. Averaged Gross Unearned Income (A7 ÷ number of months)				Total \$ _____ (A8)
9. Cash Aid				Total \$ _____ (A9)
10. Less Child Support Paid (enter any remainder in B9)				Total \$ _____ (A10)
11. Total Gross Unearned Income (A8 + A9 - A10)				Total \$ _____ (A11)

B. NONEXEMPT GROSS EARNED INCOME	GROSS SALARY/WAGES	SELF EMPLOYMENT	TRAINING ALLOWANCES	
1. Month 1/Year _____ / _____	\$ _____	\$ _____	\$ _____	
2. Month 2/Year _____ / _____	\$ _____	\$ _____	\$ _____	
3. Month 3/Year _____ / _____	\$ _____	\$ _____	\$ _____	
4. Month 4/Year _____ / _____	\$ _____	\$ _____	\$ _____	
5. Month 5/Year _____ / _____	\$ _____	\$ _____	\$ _____	
6. Month 6/Year _____ / _____	\$ _____	\$ _____	\$ _____	
7. Total Gross Earned Income (B1 + B2+ B3 + B4 + B5 +B6)				Total \$ _____ (B7)
8. Averaged Gross Earned Income (B7÷ number of months)				Total \$ _____ (B8)
9. Less Remainder of Child Support Paid (if not fully used in Section A)				Total \$ _____ (B9)
10. Total Gross Earned Income (B8 - B9)				Total \$ _____ (B10)

PART 2 - GROSS INCOME

C. GROSS INCOME TEST FOR HOUSEHOLDS WITH NO ELDERLY OR DISABLED MEMBERS

1. Maximum Gross Income allowed for Household Size of _____ (from table)	\$ _____		
2. Total Gross Income (A11 + B10) =	\$ _____		
3. Gross Income Eligible? (Is C2 less than or equal to C1?)	<input type="checkbox"/> YES <input type="checkbox"/> NO		Total \$ _____ (C3)

PART 3 - NET INCOME

DOCUMENTATION

D. NONEXEMPT GROSS INCOME

- 1. Gross Earned Income (B8) \$ _____
- 2. Adjusted Gross Earned Income (80% of D1) \$ _____
- 3. Less Remainder of Child Support Paid (B9)
(if not fully used in Section A) \$ _____
- 4. Total Gross Earned Income (D2 - D3)
(If negative amount, enter zero) \$ _____
- 5. Total Gross Unearned Income (A11) \$ _____
- 6. Nonexempt Gross Income (D4 + D5) \$ _____

E. STANDARD

Standard Deduction \$ _____

F. DEPENDENT CARE (100% OF COSTS)

\$ _____

G. HOMELESS SHELTER DEDUCTION

\$ _____

H. TOTAL DEDUCTIONS (E + F + G)

\$ _____

I. ADJUSTED NET INCOME

- 1. Nonexempt Gross Income (D6) \$ _____
- 2. Total Deductions (Line H) \$ _____
- 3. Adjusted Net Income (I1 - I2) \$ _____

J. SHELTER DEDUCTION

- 1. Total Housing Costs \$ _____
- 2. Total Utility Allowance \$ _____
- 3. Total Shelter costs \$ _____
- 4. Allowable Shelter costs (50% of I3) \$ _____
- 5. Excess Shelter costs (J3 - J4) \$ _____
- 6. Maximum Allowance For Shelter \$ _____
- 7. Allowable Shelter Deduction (Lesser of J5 or J6) \$ _____

K. NET MONTHLY INCOME (I3 - J7)

\$ _____

L. NET INCOME TEST

- 1. Household Size _____
- 2. Maximum Net Income Allowable (from table) \$ _____
- 3. Net Income eligible YES NO

INCOME:

- Weekly \$ _____ x 4.33 = \$ _____
- Biweekly \$ _____ x 2.167 = \$ _____

HOUSEHOLD WITH ELDERLY AND DISABLED MEMBER:

Is there an elderly member who is disabled and who cannot purchase and prepare meals? YES NO

If Yes, is the household's income (less the elderly disabled member's and spouse's income) less than 165% of FPL? YES NO

If Yes, certify the elderly and disabled member (and spouse) as a separate household.

CHILD SUPPORT LEGALLY OBLIGATED PAID OUT

Total \$ _____
Total ÷ by number of months \$ _____
Amount used in A10: \$ _____
Remainder to be used in B9: \$ _____

- Dependent Care
- Utilities Dependent Care
- SUA LUA TUA
- Housing PRORATED

ALLOTMENT

SUPPLEMENT

PART 4—INCOME COMPUTATIONS

PAYMENT PERIOD

M. SELF-EMPLOYMENT (Nonexempt Resources Only)

- 1. Gross Income from Self-Employment \$ _____
- 2. Expenses: Standard 40% Deduction
 Actual Expenses (Verification Required) \$ _____
- 3. Total Nonexempt Income from Self-Employment (M1 - M2) \$ _____
If averaging self-employment income go to M7. If adjusting a previous average, continue to M4.
- 4. Adjustment to Gross Income \$ _____
- 5. Adjustment to Expenses \$ _____
- 6. Adjusted Self-Employment Income (M3 + M4 + M5) \$ _____
- 7. Monthly Self-Employment Income (M3 or M6 ÷ number of months income covers) \$ _____

N. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS

PAYMENT PERIOD

- 1. Income from Grants, Scholarships or Loans \$ _____
- 2. Tuition and Mandatory Fees \$ _____
- 3. Total Nonexempt Educational Income (N1 - N2) \$ _____
- 4. Monthly Income from Grants, Scholarships or Loans (N3 ÷ number of months income covers) \$ _____

PART 5—REPORTED CHANGES (Other than the SAR 7 or CF 377.5 SAR)

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					