

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	
EARNED INCOME		EARNED INCOME	
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	- \$ _____
A. GROSS EARNED INCOME	\$ _____	A. NET EARNED INCOME	\$ _____
B. UNEARNED INCOME	+ \$ _____	B. UNEARNED INCOME	+ \$ _____
		C. CHILD SUPPORT PAID	- \$ _____
C. NET DEEMED INCOME	+ \$ _____	D. NET DEEMED INCOME	+ \$ _____
Total Gross Income (A+B+C)	\$ _____	Net Countable Income (A+B-C+D)	\$ _____
185% Eligibility Standard	\$ _____	Family's Need Standard	\$ _____
Penalty Amount	- \$ _____	Penalty Amount	- \$ _____
<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>	
Adjusted 185% Standard	\$ _____	Adjusted Need Standard	\$ _____
Is Total Gross Income equal to or less than the Adjusted 185% Standard ____ YES ____ NO		Is Net Countable Income equal to or less than the Adjusted Need Standard? ____ 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	+	\$ _____		
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 _____

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