Recipient(s) Name:		Case Number:				Period Covered:			
						to			
		•							
1.	Monthly Gross Earned Income								
	Yearly Income From Self-Employment								
	Monthly Net Income from S/E	+		+		+		+	
3	TOTAL EARNED INCOME			· ———		· ———		· — —	
	Less: 65 + 1/2 (aged, blind, disabled)								
٦.	FICA								
	Medicare								
	Federal Withholding								
	State Income Tax								
	Mandatory Retirement/Union Dues								
_	Work/Training Allowance								
5.	Total Deductions and Disregards								
6.	TOTAL NET EARNED INCOME (Line 3 less Line 5)								
7.	Unearned Income:								
	SSI								
	Title II								
	Other (Specify)								
8.	TOTAL UNEARNED INCOME	+		+		+		+	
	TOTAL INCOME (Line 6 plus Line 8)								
10	Less: Health Ins. Premium								
	Medicare								
	Child Care								
	Med Exp/Incurred Med of Inelig								
	\$20 Disregard								
	Other (Specify)						-		
	Other (Opecity)								
11	Total Disregards/Deductions								
11	TOTAL NET MONTHLY INCOME (Line 9 Less Line 11)			<del></del>					
12	Less Appropriate Income								
13	EXCESS INCOME	-		Ī ———		Ī		<del>-</del>	
15	Less: 75% Disregard (if applicable)	,						,	
40	Amount Deemed to Another Unit								
	RECIPIENT LIABILITY								
17	Less Offset for Unpaid Medical Bills								
18	RECIPIENT LIABILITY AFTER OFFSET								
19	Plus Medical Care Payments (VA-AA, VA Medical Reimbursement)	+		+		+		+	
20	RECIPIENT LIABILITY								
Coi	nments:								
l									