

FOOD STAMP BUDGET WORKSHEET/CHANGE REPORTING HOUSEHOLD

CASE NAME	CASE NUMBER	COMPANION CASE REFERENCE	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS
CERTIFICATION PERIOD FROM _____ THROUGH _____	ISSUANCE MONTH	ISSUANCE MONTH	DOCUMENTATION
PART 1 - GROSS INCOME ELIGIBILITY			
A. NONEXEMPT GROSS UNEARNED INCOME			Child/Spousal Support Received \$ _____
1. Cash Aid	\$ _____	\$ _____	
2. Social Security, UIB, DIB, Pensions	\$ _____	\$ _____	
3. Child/Spousal Support	\$ _____	\$ _____	
4. Scholarships, Grants, Loans	\$ _____	\$ _____	
5. Other	\$ _____	\$ _____	
6. Gross Unearned Income (A1 + A2 + A3 + A4 + A5)	\$ _____	\$ _____	
7. Less Child Support Paid (enter any remainder in B5)	\$ _____	\$ _____	
8. Total Gross Unearned Income (A6 - A7)	\$ _____	\$ _____	
B. NONEXEMPT GROSS EARNED INCOME			
1. Gross Salary, Wages	\$ _____	\$ _____	
2. Self-Employment	\$ _____	\$ _____	
3. Training Allowance	\$ _____	\$ _____	
4. Gross Earned Income (B1 + B2 + B3)	\$ _____	\$ _____	
5. Less Remainder of Child Support Paid (if not fully used in Section A)	\$ _____	\$ _____	
6. Total Gross Earned Income (B4 - B5)	\$ _____	\$ _____	
C. GROSS INCOME TEST			
1. Household Size	_____	_____	
2. Maximum Gross Income Allowed (from Table)	\$ _____	\$ _____	
3. Total Gross Monthly Income (A8 + B6)	\$ _____	\$ _____	
4. Gross Income Eligible? (Is C3 less than or equal to C2?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PART 2 - NET INCOME ELIGIBILITY			
D. NONEXEMPT GROSS UNEARNED INCOME (A8)			\$ _____
E. NONEXEMPT GROSS EARNED INCOME			\$ _____
1. Gross Earned Income (B6)	\$ _____	\$ _____	\$ _____
2. Adjusted Gross Earned Income (80% of E1)	\$ _____	\$ _____	\$ _____
F. TOTAL GROSS INCOME (D + E2)			\$ _____
G. STANDARD/DEPENDENT CARE/HOMELESS SHELTER/DEDUCTIONS			\$ _____
1. Standard Deduction:	\$ _____	\$ _____	\$ _____
2. Dependent Care (Lesser of Actual or Maximum) Child(ren) under two	\$ _____	\$ _____	\$ _____
Child(ren) two and over/all other dependents	\$ _____	\$ _____	\$ _____
Total Dependent Deductions	\$ _____	\$ _____	\$ _____
3. Homeless Shelter Deduction	\$ _____	\$ _____	\$ _____
4. Total Deductions (G1 + G2 + G3)	\$ _____	\$ _____	\$ _____
5. Preliminary Adjusted Income (F - G4)	\$ _____	\$ _____	\$ _____
H. SHELTER DEDUCTION			\$ _____
1. Total Housing Costs	\$ _____	\$ _____	\$ _____
2. Total Utility Allowance	\$ _____	\$ _____	\$ _____
3. Total Shelter Costs (H1 + H2)	\$ _____	\$ _____	\$ _____
4. Allowable Shelter Costs (50% of G5)	\$ _____	\$ _____	\$ _____
5. Excess Shelter Costs (H3 - H4)	\$ _____	\$ _____	\$ _____
6. Maximum Allowance for Shelter	\$ _____	\$ _____	\$ _____
7. Allowable Shelter Deduction (Lesser of H5 or H6)	\$ _____	\$ _____	\$ _____
I. NET MONTHLY INCOME (G5 - H7)			\$ _____
J. NET INCOME TEST			\$ _____
1. Household Size	_____	_____	\$ _____
2. Maximum Net Income Allowable from	\$ _____	\$ _____	\$ _____
3. Net Income eligible	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PART 3 - BENEFITS			
	ALLOTMENT	SUPPLEMENT	ALLOTMENT
			SUPPLEMENT
E.W. Initials/Date			

K. RESOURCE ELIGIBILITY (Nonexempt Resources Only)	ISSUANCE MONTH	ISSUANCE MONTH
1. Previous Month's Resources	\$ _____	\$ _____
2. Additional Resources (specify)	_____	_____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
3. Subtotal (K1 + K2a + K2b + K2c)	\$ _____	\$ _____
4. Resources Sold, Traded or Given Away (specify)		
a. _____	\$ _____	\$ _____
b. _____	_____	_____
c. _____	_____	_____
5. Subtotal (K4a + K4b + K4c)	\$ _____	\$ _____
6. Current Resources (K3 - K5)	\$ _____	\$ _____
7. Resource Eligible?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART 4—INCOME COMPUTATIONS

L. SELF-EMPLOYMENT	ISSUANCE MONTH	ISSUANCE MONTH
1. Gross Income from Self-Employment	\$ _____	\$ _____
2. Expenses: <input type="checkbox"/> Standard 40% Deduction	_____	_____
<input type="checkbox"/> Actual Expenses (Verification Required)	_____	_____
3. Total Nonexempt Income from Self-Employment If averaging self-employment income go to L7. If adjusting a previous average, continue to L4.	\$ _____	\$ _____
4. Adjustment to Gross Income	\$ _____	\$ _____
5. Adjustment to Expenses	_____	_____
6. Adjusted Self-Employment Income (L3 + L4 + L5)	\$ _____	\$ _____
7. Monthly Self-Employment Income (L3 or L6 ÷ number of months income covers)	\$ _____	\$ _____

M. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS	ISSUANCE MONTH	ISSUANCE MONTH
1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____
2. Tuition and Mandatory Fees	\$ _____	\$ _____
3. Total Nonexempt Educational Income (M1 – M2)	_____	_____
4. Monthly Income from Grants, Scholarships or Loans (M3 ÷ number of months income covers)	\$ _____	\$ _____

PART 5—REPORTED CHANGES (Other than the CA 7 or DFA 377.5)

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					