

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
TANF BUDGET

Case Name:						IV. 130% FPL ELIGIBILITY DETERMINATION						VII. FINAL GRANT DETERMINATION					
Case Number:						Gross Earnings (From first line of Table II) _____						1. Determine benefit. Payment Allowance for Household Size: _____ (From Table I) OR Non-Relative Caretaker Allowance: _____ (From Table I) Total Net Income: _____ (From last line of Table V) Benefit Amount : _____ (Round to the Nearest Whole Dollar <.49 or ≥ .50) Note: Automated budgeting may vary from manual budget results by \$1.00. <i>If there is not an Overpayment or an IPV disqualification, this is the final benefit amount. Budget this amount to SNAP.</i> <i>If there is an Overpayment or IPV disqualification, proceed to #2a below for the calculation of the overpayment deduction or #2b for the IPV proration amount.</i> <p style="text-align: center;">*****</p> 2a. If household has an overpayment: Determine overpayment deduction. Total Income from Table IV _____ Net Grant from 1 above: _____ + _____ <p style="text-align: right;">Total: _____ = _____</p> Non-IPV Overpayment (10% reduction) <p style="text-align: right;">Total x .10 = _____ - _____</p> <p style="text-align: center;">OR</p> IPV Overpayment (20% reduction) <p style="text-align: right;">Total x .20 = _____ - _____</p> Grant Amount after Overpayment Deduction: _____ (If there are no IPV disqualifications, enter the total grant amount in #3 below, otherwise, continue on to 2b if any household member is disqualified due to an IPV) 2b. If any household member is disqualified due to an IPV. Determine the pro-rata deduction. 1. Grant from Section VII #1 above: _____ 2. TANF Household Size: _____ 3. Divide the grant from #1 by the TANF household size in #2. <p style="text-align: right;">= _____</p> <p style="text-align: right;">(Enter this amount in #3 below.)</p> <p style="text-align: center;">*****</p> 3. Final Grant Determination Enter grant amount from Section VII 1 or 2a above: _____ Subtract the IPV pro-rata deduction _____ - * _____ Final Grant Amount _____ = _____ <i>*In cases where an IPV disqualification is imposed, the gross TANF grant prior to the pro-rata deduction is budgeted for SNAP.</i>					
Worker Sign:						Unearned Income (From last line of Table III) _____ + _____											
Date Completed:						Total Income: _____ (Transfer amount to Table VII for Overpayment Calculation)											
I. TANF Budget						V. INITIAL DISREGARD DETERMINATION											
				TANF NNRC RELATIVE CARE		Person #1 Person #2 Gross Earnings: _____ (From Table II) 20% Gross Earnings: _____ <p style="text-align: center;">Or</p> \$90 Work Expense: _____ (Enter the larger amount on next line) Total Expense Amount Allowed: _____ - _____ (Transfer to Table VI on the Table V disregard line when the disregard has ended and on initial month determination) Total after 20%/\$90 Expense: _____ = _____ Child Care Expenses: _____ - _____ Total Net Earned Income: _____ = _____ Total Unearned Income: _____ + _____ (From last line of Table III) Total Individual Net Income: _____ = _____ Total Combined Net Income: _____ TANF – Compare to 100% Need Standard for appropriate family size for application month. _____ (From Table I) <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible											
				TANF													
P E R S O N	130% OF POVERTY	100% NEED STANDARD (75% OF POVERTY)	PAYMENT ALLOWANCE	275% OF POVERTY	RELATIVE CARE ALLOWANCE												
1	\$1,696	\$979	\$254	\$3,587	\$418												
2	\$2,292	\$1,322	320	\$4,847	478	Total after 20%/\$90 Expense: _____ = _____ Child Care Expenses: _____ - _____ Total Net Earned Income: _____ = _____ Total Unearned Income: _____ + _____ (From last line of Table III) Total Individual Net Income: _____ = _____ Total Combined Net Income: _____ TANF – Compare to 100% Need Standard for appropriate family size for application month. _____ (From Table I) <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible											
3	\$2,888	\$1,666	386	\$6,108	538												
4	\$3,483	\$2,010	452	\$7,368	598												
5	\$4,079	\$2,354	518	\$8,629	659												
6	\$4,675	\$2,697	584	\$9,889	719	Total after 20%/\$90 Expense: _____ = _____ Child Care Expenses: _____ - _____ Total Net Earned Income: _____ = _____ Total Unearned Income: _____ + _____ (From last line of Table III) Total Individual Net Income: _____ = _____ Total Combined Net Income: _____ TANF – Compare to 100% Need Standard for appropriate family size for application month. _____ (From Table I) <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible											
7	\$5,271	\$3,041	650	\$11,19	779												
8	\$5,867	\$3,385	716	\$12,410	839												
NOTE: For each additional person, add the following amounts to the figures in PERSONS #8.																	
	\$583	\$336	\$66	\$1,233	\$60	Total after 20%/\$90 Expense: _____ = _____ Child Care Expenses: _____ - _____ Total Net Earned Income: _____ = _____ Total Unearned Income: _____ + _____ (From last line of Table III) Total Individual Net Income: _____ = _____ Total Combined Net Income: _____ TANF – Compare to 100% Need Standard for appropriate family size for application month. _____ (From Table I) <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible											
KINSHIP CARE PAYMENT ALLOWANCE																	
0 through 12 years of age				\$401 per Child													
13 years of age or older				\$463 per Child													
NOTE: Only siblings (including legally adopted, step and half brothers and sisters) shall be considered in one assistance unit. Exception: When the only child in a Kinship Care case is 0-12, the Payment Allowance of \$417 for one child is considered.						VI. NET INCOME DETERMINATION											
II. GROSS EARNED INCOME						Person #1 Person #2 Gross Earnings: _____ Person #1 Disregard % _____ - _____ Person #2 Disregard % _____ - _____ <p style="text-align: center;">OR</p> \$90/20% Work Expense _____ - _____ Subtotal: _____ = _____ Total Income after Disregards: _____ Child Care Expense: _____ - _____ Net Earned Income: _____ = _____ Total Unearned Income: _____ + _____ Total Net Income: _____ = _____											
				Person #1	Person #2												
Individual Gross Earned Income																	
Total Gross Earned Income																	
(Transfer amount to Gross Earnings line of Table IV, V & VI)						Total Income after Disregards: _____ Child Care Expense: _____ - _____ Net Earned Income: _____ = _____ Total Unearned Income: _____ + _____ Total Net Income: _____ = _____											
III. UNEARNED INCOME																	
Unearned Income Type _____																	
Unearned Income Type _____																	
Unearned Income Type _____						Total Income after Disregards: _____ Child Care Expense: _____ - _____ Net Earned Income: _____ = _____ Total Unearned Income: _____ + _____ Total Net Income: _____ = _____											
Unearned Income Type _____																	
Total Unearned Income																	
(Transfer amount to Unearned Income line of Table IV, V & VI)																	

Intake Budget:			Best Estimate – Income factoring method for income received monthly, twice per month, weekly, bi-weekly, annually, quarterly, etc. (Check one of the following)		
App Date: _____	30 th Day: _____		<input type="checkbox"/> x1 <input type="checkbox"/> x2 <input type="checkbox"/> x2.15 <input type="checkbox"/> x4.3 <input type="checkbox"/> Annualized <input type="checkbox"/> Other		
Date Approved: _____	Benefit Month: _____				
Benefit Amount: _____					
RD Budget:			Budgeting policy can be found in the Eligibility and Payments Manual Section A-600.		
Date RD Completed: _____					
Does this budget computation impact the SNAP case? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, benefit month to be updated: _____					