Case Name: 4 hh - 1 ineligible noncitizen prior to 10/11		en prior to 10/11	Application Date:/
	TIONS: Regular Household: Compl	Special Househo ete Part I, and if pass Gross test, complete Parts I and II. If fail gross test, continue to P	
I. GROSS INCOME ELIGIBILITY			
1. (	Gross Earned Income:	3/4 of \$2400	1. \$1,8
2. (	Gross Unearned Income:		2.
3. 7	TOTAL GROSS INCOME (sum of Line	es 1 and 2 above):	3. \$1,80
3a. (	Gross Income Limit (Regular house	holds only):	3a. \$1,
Stop here	e if Line 3 exceeds GROSS INCOME	LIMIT (Line 3a) for a household of this size. The	household is ineligible for this mo
benefits.	If Line 3 DOES NOT exceed the GR	OSS INCOME LIMIT (Line 3a) go on to Section II.	
			[Mark if Categorically Eligible]
II. NET	INCOME ELIGIBILITY - When com	pleting this section, ALL CENTS WILL BE CARRIED	in all calculations to the point at ${f v}$
	Food Assistance Income is determ	ined.	
	ELTER DEDUCTIONS:		
	Gross Earned Income (Line 1) Gross Unearned Income (Line 2)		4.a. \$1,8(
	TOTAL GROSS INCOME (sum of Line	es 4a + 4b)	4.5.+ <u>\$0.</u> 4. = \$1.80
	Earned Income Deduction (20% of		5. + \$360.00
6. (	Current Standard Deduction	,	6. + \$142
7. ſ	Medical Deduction	(Special Households Only - \$35)	7. + \$0.00
	Dependent Care Deduction		8. +
	Child Support Deduction	Lines E through O	9. +
	Total Non-Shelter Deductions (add Income after Non-Shelter Deduction		10 \$50; 11 = \$1.36
		ons (Line 4 minus Line 10)	11 - 31,25
	HELTER DEDUCTION:	wansa in total)	<b>1</b> 2.
	Shelter Expenses (Include utility allov Enter 50% of Line 11	wance in total)	
	Excess Shelter Deduction (Line 12 r	minus Line 13)	13. \$649.00
	<del>-</del>	\$458.00 IF A REGULAR HOUSEHOLD)	<u> </u>
15.1	NET FOOD ASSISTANCE INCOME (L	· · · · · · · · · · · · · · · · · · ·	15 = \$1,29
		ICOME LIMIT for a household of this size.	15a. \$1,52
	f Line 15 DOES NOT exceed NET IN	ICOME LIMIT, go to Section III.	
III. BEN	IEFIT COMPUTATION		
16. F	Enter regular monthly benefit from	n Allotment Tables	16. \$130
(	(NOTE: To compute the benefit for	households of more than 10 persons, subtract 3	30% of
l	Line 15 unrounded from the maxin	num allotment for that household size and DROF	Pall
(	cents.)		
If it is nec	essary to prorate the allotment fo	r the month of application, do so here:	
	, ,	ter number of days in the month of this application	n: 17.
	•	etermine remaining days in the month, subtract	
	application from the number of da		18. 1
	··· Divide Line 16 by line 17 for daily ra	,	19. #DI\
	PRORATED BENEFIT (Line 18 multi		20. #DI\
	1 = =		— <del></del>

PRORATED BENEFIT OF LESS THAN \$10 SHALL NOT BE ISSUED



300.00

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