

F/C BUDGET SHEET

MAF-C / 27.5%

MAF-N,M / MIC

MONTHLY GROSS EARNED INCOME		\$ _____
EITC DEDUCTIONS	(-)	\$ _____
TOTAL	=	\$ _____
X 27.5%	=	_____ (-) \$ _____
TOTAL NET EARNED		\$ _____

CHILD/ALIMONY SUPPORT		\$ _____
DISREGARD	(-)	\$ _____
COUNTABLE SUPPORT	=	\$ _____
ALL OTHER UNEARNED	(+)	\$ _____
TOTAL NET UNEARNED	=	\$ _____

TOTAL EARNED + UNEARNED	=	\$ _____
SUPPORT/ALIMONY PAID BY B.U. MEMBER (COURT ORDERED)	(-)	\$ _____
INCOME DEEMED TO WORK FIRST CASE	(-)	\$ _____
TOTAL COUNTABLE INCOME		
= \$ _____		
# IN NEEDS UNIT	=	_____
MAF - CN INCOME LEVEL	=	_____
Note: If ineligible using the 27.5% deduction and the \$90 and child/adult deductions are a higher income deduction, complete a second budget . (See budget for MAF-N,M and MIC in next column.		

MONTHLY GROSS EARNED INCOME		\$ _____
EITC DEDUCTIONS	(-)	\$ _____
TOTAL	=	\$ _____
WORK RELATED EXPENSE	(-)	\$ 90.00
CHILD/ADULT CARE	(-)	\$ _____
TOTAL NET EARNED		\$ _____

CHILD/ALIMONY SUPPORT		\$ _____
DISREGARD	(-)	\$ _____
COUNTABLE SUPPORT	=	\$ _____
ANY OTHER UNEARNED	(+)	\$ _____
TOTAL NET UNEARNED	=	\$ _____

TOTAL EARNED + UNEARNED	=	\$ _____
SUPPORT/ALIMONY PAID BY B.U. MEMBER (COURT ORDERED)	(-)	\$ _____
INCOME DEEMED TO WORK FIRST	(-)	\$ _____
TOTAL COUNTABLE INCOME		
= \$ _____		
# IN NEEDS UNIT	=	_____
MAF/ MIC INCOME LEVEL	=	_____
➤ IF OVER FOR MAF-C , (complete separate budget for Children (MIC), and deductible amt. for adult's).		
Total Countable Income		\$ _____
MN Income Level	(-)	_____
Excess	=	\$ _____
X Month(s)		_____
DEDUCTIBLE AMOUNT		\$ _____