

# APPLICATION WORKSHEET

**NC FAST ID No.:** 23652545 **Case Name:** Thom Thumb

Start at Step 1 and work through Step 30. Do the steps in order. Do not round except where specified in instructions. Except for Line 3, if a negative number results after subtracting two numbers, insert a zero. Be sure to follow all "Note" instructions. When skipping lines or blocks, dash out or mark "NA."

**CATEGORICALLY ELIGIBLE FOOD AND NUTRITION SERVICES UNITS (FNSU):** Special rules apply to these FNSU's. Do not apply the gross income test to line 13 or the net income test to line 27. A one and two person FNSU will not be terminated if the allotment is less than \$1 but will receive the minimum allotment of \$16. A three or more person FNSU will be terminated if the allotment is less than \$1.

**Self-Employment Income**

**NOTE:** Include room and board payments.

<u>(Household Member)</u>	<u>(Source of Income)</u>	<u>(Gross Monthly Amount)</u>
Thom Thumb	Farming	\$ 325.88
		\$ _____

- |    |                                       |           |
|----|---------------------------------------|-----------|
| 1. | Monthly gross self-employment income. | \$ 325.88 |
| 2. | Subtract monthly business costs.      | \$ 421.52 |
| 3. | Net monthly income before taxes.      | \$ -95.64 |

**NOTE:** If a self-employed farmer and line 3 is a negative amount (loss), enter the loss on line 10.

**NOTE:** If classed as "unearned income," carry forward to "Unearned Income" Section. Do not add to line 4.

**Wages, Salaries, Or Other Income From Employment**

**NOTE:** Do not count excluded income.

	<u>Jane Thumb</u>	\$ 911.23
	_____	\$ _____
	_____	\$ _____
4.	Add line 3 and all wage and salary income.	\$ 911.23

**Educational Grants, Scholarships, Or Loans**

		\$ _____
	_____	\$ _____
5.	Enter monthly income received from educational grants, scholarships, or loans.	\$ _____
6.	Enter monthly tuition and mandatory fees.	\$ _____
7.	Subtract line 6 from line 5.	\$ _____
8.	Add line 4 and line 7.	\$ 911.23

**Unearned Income**

**NOTE:** Do not count excluded income.

	<u>Granny Thumb</u> <u>SSA</u>	\$ 898
	_____	\$ _____
9.	Add line 8 and monthly unearned income.	\$ 1809.23
10.	Enter farm loss from line 3.	\$ 95.64
11.	Enter monthly legally obligated child support <b>paid</b>	\$ 89.41
12.	Add lines 10 and 11 and enter the result.	\$ 185.05
13.	Subtract line 12 from line 9.	\$ 1624.18
14.	<b>If household meets the gross income limit</b> , add lines 11 and 13 and enter the result.	
	<b>Result is countable gross income.</b>	<b>\$ 1713.59</b>
15.	Multiply line 4 by 20%, and enter the result.	\$ 182.25
16.	Enter Standard Deduction.	\$ 152.00

**NOTE:** Except for FNSU's with an elderly or disabled member, if the amount on line 13 is more than the gross income limit, deny or terminate the case. If less than the limit, continue on to line 14.

**Gross Limit(s) = \$ 2,116**

**Medical Expenses**

**NOTE:** For elderly and disabled only. If there are no FNSU members authorized for this deduction, skip to line 19 and enter 0.

	Medical, Dental Services	\$ 45.22
	Hospital, Nursing Care	\$ _____
	Insurance, Medicare Payments	\$ _____
	Prescribed Drugs	\$ 67.85
	Dentures, Hearing Aids, Glasses	\$ _____
	Transportation Costs	\$ _____
	Attendant or Nurse	\$ _____
	Other (Specify)	\$ _____
17.	Total Medical Expenses	\$ 113.07
18.	Enter threshold amount.	\$ 35.00
19.	Subtract line 18 from line 17.	
	<b>Result is allowable medical expense.</b>	<b>\$ 78.07</b>

20.	Enter dependent care costs	\$ <u>66.32</u>	(15) <u>182.25</u>
21.	Enter legally obligated child support payments.	\$ <u>89.41</u>	(16) <u>152.00</u>
22.	Add lines 15, 16, 19, 20, 21, and enter total.	\$ <u>568.05</u>	(19) <u>78.07</u>
			(20) <u>66.32</u>
23.	Subtract line 22 from line 14.		
	<b>Result is income after all deductions except shelter costs.</b>	\$ <u>1145.54</u>	(21) <u>89.41</u>

**Shelter Costs**

**NOTE:** Use the appropriate Utility Standard. Do not allow actual utility expenses except for fees charged by a utility company for initial installation of service, and installation and maintenance of wells and septic tanks.

	Rent or Mortgage	\$ <u>155.23</u>
	Tax and Insurance	\$ _____
	Total Utility Standard	\$ <u>423.00</u>
	Telephone (basic rate)	\$ _____
	Electric	\$ _____
	Gas	\$ _____
	Oil	\$ _____
	Water and Sewage	\$ _____
	Garbage and Trash	\$ _____
	Installation of Utilities	\$ _____
	Other (specify)	\$ _____
24.	Total Shelter Costs	\$ <u>578.23</u>
25.	Divide line 23 by 2, and enter result.	\$ <u>572.77</u>
26.	Subtract line 25 from line 24.	
	<b>Result equals excess shelter costs</b>	\$ <u>5.46</u>

**(Excess Shelter Cost Limit = \$478 without a Specified FNSU member)**

**Net Monthly Income**

**NOTE:** If the amount on line 27 is more than the Net Income Eligibility Limit, deny or terminate the case. If less than the limit, go to line 28 or skip to line 30 and enter allotment from coupon issuance table.

27.	Subtract line 26 from line 23, <b>but do not subtract more than the limit on shelter cost when applicable.</b>	
	<b>Result here is net monthly income.</b>	\$ <u>1140.08</u>

**Allotment Level**

**NOTE:** If the FNSU contains 3 or more members and the allotment on line 30 is zero or a negative number, deny or terminate the case.

28.	Enter maximum allotment for FNSU size.	<u>497</u>
29.	Multiply line 27 by 30% and enter result. (Round up - benefit reduction.)	\$ <u>343</u>
30.	Subtract line 29 from line 28. If the FNSU contains 1 or 2 members and result is less than \$16, enter \$16.	
	<b>Result is monthly coupon allotment.</b>	\$ <u>154</u>

**Workspace-Allotment Proration**

**NOTE:** If using proration tables, leave this space blank.

a.	Enter day of month of application. Subtract from 31. Enter 30 if the date of application is the 31 <sup>st</sup> of the month.	<u>31 - 15</u>
b.	Enter result of subtraction from line a.	<u>16</u>
c.	Multiply line b. by the full monthly allotment (line 30). Enter the product.	<u>2480</u>
d.	Divide line c. by 30. Round down to drop cents.	
	<b>Result is prorated allotment.</b>	\$ <u>82</u>

**NOTE:** Prorated allotments of less than \$10 are not issued. The minimum \$16 allotment for 1 and 2 person FNSU's is also prorated.

**Eligibility Worker:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**NOTE:** Complete Client Record and Disposition block on application when applicable. Ensure appropriate notice is sent to the FNSU.