

APPLICATION WORKSHEET

NC FAST ID No.:

Case Name:

Start at Step 1 and work through Step 28. Do the steps in order. Use standard rounding procedures to two decimal points (cents) except where specified otherwise in instructions. Noted by (\$0.00). Example of standard rounding procedures: \$1.235 rounds to \$1.24, \$1.234 rounds to \$1.23. 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 11 or the net income test to line 26. 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

| | (Household Member) | (Source of Income) | (Gross Monthly Amount) | |
|----|--|--------------------|------------------------|----------|
| | Thom Thumb | Farming | \$ 325.88 | (\$0.00) |
| | | | \$ _____ | (\$0.00) |
| 1. | Monthly gross self-employment income. | | \$ 325.88 | (\$0.00) |
| 2. | Monthly self-employment business costs. | | \$ 421.52 | (\$0.00) |
| 3. | Subtract line 2 from line 1. Result: Net monthly self-employment income before taxes. | | \$ -95.64 | (\$0.00) |

NOTE: If a self-employed farmer and line 3 is a negative amount (loss), enter the loss on line 10.
NOTE: If classified as "unearned income" carry forward to "Unearned Income" Section. Do not add to line 4.

Wages, Salaries, or Other Income from Employment

| | (Household Member) | (Source of Income) | | |
|----|--|--------------------|-----------|----------|
| | Jane Thumb | | \$ 911.23 | (\$0.00) |
| | | | \$ _____ | (\$0.00) |
| | | | \$ _____ | (\$0.00) |
| 4. | Add line 3 and all monthly wage and salary income. | | \$ 911.23 | (\$0.00) |

When calculating monthly income round to two decimals (cents) for all income calculations.
 Example: \$100.33 + \$100.34 = \$200.67 / 2 = \$100.335 round \$100.34.
 \$100.34 X 2.15 = \$215.731 rounded to \$215.73

Educational Grants, Scholarships, or Loans

| | (Household Member) | (Source of Income) | | |
|----|--|--------------------|-----------|----------|
| | | | \$ _____ | (\$0.00) |
| | | | \$ _____ | (\$0.00) |
| 5. | Enter monthly income received from educational grants, scholarships, or loans. | | \$ _____ | (\$0.00) |
| 6. | Enter monthly tuition and mandatory fees. | | \$ _____ | (\$0.00) |
| 7. | Subtract line 6 from line 5. | | \$ _____ | (\$0.00) |
| 8. | Add line 4 and line 7. | | \$ 911.23 | (\$0.00) |

Unearned Income

| | (Household Member) | (Source of Income) | | |
|-----|---|--------------------|------------|----------|
| | Granny Thumb | SSA | \$ 898.00 | (\$0.00) |
| | | | \$ _____ | (\$0.00) |
| 9. | Add line 8 and monthly unearned income. | | \$ 1809.23 | (\$0.00) |
| 10. | Enter farm loss from line 3. | | \$ 95.64 | (\$0.00) |
| 11. | Subtract line 10 from line 9. Result: Gross Monthly Income. | | \$ 1713.59 | (\$0.00) |
| 12. | Multiply line 4 by 20% and enter the result. | | \$ 182.25 | (\$0.00) |
| 13. | Enter Standard Deduction. | | \$ 181.00 | (\$0.00) |

NOTE: Do not count excluded income.
NOTE: Except for FNS units with an elderly or disabled member, if the amount on line 11 is more than the gross income limit, deny or terminate the case.
 If less than the limit, continue on to line 12.

Gross Limit = \$ 2839

Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.

Medical Expenses

| | | | |
|-----|---|-----------|----------|
| | Medical, Dental Services | \$ 45.22 | (\$0.00) |
| | Hospital, Nursing Care | \$ _____ | (\$0.00) |
| | Insurance, Medicare Payments | \$ _____ | (\$0.00) |
| | Prescribed Drugs | \$ 67.85 | (\$0.00) |
| | Dentures, Hearing Aids, Glasses | \$ _____ | (\$0.00) |
| | Transportation Costs | \$ _____ | (\$0.00) |
| | Attendant or Nurse | \$ _____ | (\$0.00) |
| | Other (Specify) | \$ _____ | (\$0.00) |
| 14. | Total Medical Expenses | \$ 113.07 | (\$0.00) |
| 15. | Enter Medical threshold amount. | \$ 35.00 | (\$0.00) |
| 16. | Subtract line 15 from line 14. Result: allowable medical expense. | \$ 78.07 | (\$0.00) |

NOTE: For elderly and disabled only. If there are no FNS unit members authorized for this deduction, skip to line 16 and enter 0.

| | | |
|--|------------|----------|
| 17. Enter dependent care costs. | \$ 66.32 | (\$0.00) |
| 18. Enter legally obligated child support payments. | \$ 89.41 | (\$0.00) |
| 19. Homeless Shelter Deduction | \$ _____ | (\$0.00) |
| 20. Add lines 12, 13, 16, 17, 18, 19 and enter total. | \$ 597.05 | (\$0.00) |
| 21. Subtract line 20 from line 11. | | |
| Result is income after all deductions except shelter costs. | \$ 1116.54 | (\$0.00) |

NOTE: Individuals who choose to use the Homeless standard deduction on line 19 cannot receive Shelter Costs. Enter zero on line 24.

Shelter Costs

| | | |
|---|-----------|----------|
| Rent or Mortgage | \$ 155.23 | (\$0.00) |
| Tax and Insurance | \$ _____ | (\$0.00) |
| Total Utility Standard (SUA, BUA, TUA) | \$ 579.00 | (\$0.00) |
| Telephone (basic rate) | \$ _____ | (\$0.00) |
| Electric | \$ _____ | (\$0.00) |
| Gas | \$ _____ | (\$0.00) |
| Oil | \$ _____ | (\$0.00) |
| Water and Sewage | \$ _____ | (\$0.00) |
| Garbage and Trash | \$ _____ | (\$0.00) |
| Installation of Utilities | \$ _____ | (\$0.00) |
| Other (specify) | \$ _____ | (\$0.00) |
| 22. Total Shelter Costs | \$ 734.23 | (\$0.00) |
| 23. Divide line 21 by 2, and enter result | \$ 558.27 | (\$0.00) |
| 24. Subtract line 23 from line 22. | | |
| Result: equals excess shelter costs. | \$ 175.96 | (\$0.00) |

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.

Excess Shelter Cost Limit = 586
(without a Specified Person in the FNS unit)

Net Monthly Income

| | | |
|--|-----------|----------|
| 25. Subtract line 24 from line 21. Do not allow more than the Excess shelter Cost limit unless the FNS unit contains a Specified Person. Result here is net monthly income. | \$ 940.58 | (\$0.00) |
|--|-----------|----------|

NOTE: If the amount on line 25 is more than the Net Income Eligibility Limit, deny or terminate the case. If less than the limit, go to line 26 or skip to line 28 and enter allotment amount from the issuance table.

Allotment Level

| | | |
|---|-----------|----------|
| 26. Enter maximum allotment for FNS unit size. | \$ 680 | (\$0) |
| 27. Multiply line 25 by 30% and enter result. | \$ 282.17 | (\$0.00) |
| 28. Subtract line 27 from line 26. If the FNS unit contains 1 or 2 members and result is less than \$16, enter \$16. Result is monthly allotment. | \$ 397 | (\$0) |

NOTE: If the FNS unit contains 3 or more members and allotment on line 28 is zero or a negative number, deny or terminate the case.

Line 28: Round down this calculation to the whole dollar. Example: \$192 - \$30.10 = 161.90, round down to \$161.

Allotment Proration

| | | |
|---|------|-------|
| a. Total days in month | 31 | |
| b. Enter day of month of application. Enter 30 if the date of application is the 31 st of the month. | 10 | |
| c. Subtract line b from line a. | 21 | |
| d. Multiply line c. by the full monthly allotment on line 28. | 8337 | (\$0) |
| e. Divide line d. by 30. Drop decimals to whole dollar. Result: Prorated allotment. | 277 | (\$0) |

NOTE: Prorated allotments of less than \$10 are not issued. The minimum allotment of \$16 for 1 or 2 person FNS units is also prorated.

Line e: Round down this calculation to the whole dollar. Example: \$5044 / 29 = \$173.93 round to \$173.

Eligibility Worker: _____
Date: _____

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