# TANF BUDGETING STEPS

| Step |
| --- |
| 1. Determine gross earned and unearned income, using Tables II (Gross Earned Income) and III (Unearned Income) on the budget form. |

| | | |
| --- | --- | --- |
| 2. On Table IV (130% of Poverty Eligibility Determination on Budget Form), compute the Total Income. Compare the total income to the 130% of the Federal Poverty Level for the appropriate family size on Table I (need Standards/Poverty Levels). | If the Total Income **is greater** than 130% of poverty. | Case is ineligible for cash benefits. The budget ends here. |
| | If the Total Income **is less** than the 130% of poverty. | Go to Step 3. |

| | Compare to 100 % Need Standard for family size for application month. | |
| --- | --- | --- |
| 3. Using Table V (Initial Eligibility Determination), determine total net income by subtracting 20% gross earnings or $90 work expense (whichever is greater). Subtract child care. Add total Unearned Income from Table III (Unearned Income). **Note**: This step determines eligibility for earned income disregards. | **If…** | **Then…** |
| | The net income is **more** than the 100% need standard. | Case is ineligible and the TANF budget ends here. |
| | The net income is **less** than the 100% need standard. | The individual is entitled to the disregard (if not previously exhausted) on the **first cash month**. (If the disregards have been exhausted, apply the standard work deduction). Go to Step 4. |

| |
| --- |
| 4. Complete Table VI to determine Total Net Income after appropriate disregards or work expense is allowed. |

| | |
| --- | --- |
| 5. Complete table VII, using Total Net Income from Table VI to determine TANF eligibility and amount of cash benefit. If eligible, TANF earned income disregard count begins or continues with first cash month, as appropriate. | The budget ends here. |

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Eligibility and Payments Manual
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**C-180**
**TANF BUDGETING STEPS**
**Part C**

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
**TANF BUDGET**

**Case Name:**

**Case Number:**

**Worker Sign:**

**Date Completed:**

| P E R S | TANF | | | TANF NNRC RELATIVE CARE | |
|---|---|---|---|---|---|
| | 130% OF POVERTY | 100% NEED STANDARD | PAYMENT ALLOWANCE | 275% OF POVERTY | RELATIVE CARE ALLOWANCE |
| 1 | 1,287 | 743 | 253 | 2,723 | 417 |
| 2 | 1,736 | 1,001 | 318 | 3,671 | 476 |
| 3 | 2,184 | 1,260 | 383 | 4,620 | 535 |
| 4 | 2,633 | 1,519 | 448 | 5,569 | 594 |
| 5 | 3,081 | 1,778 | 513 | 6,518 | 654 |
| 6 | 3,530 | 2,036 | 578 | 7,466 | 713 |
| 7 | 3,979 | 2,296 | 643 | 8,417 | 772 |
| 8 | 4,430 | 2,556 | 708 | 9,371 | 831 |

NOTE: For each additional person, add the following amounts to the figures in PERSONS #8.

| $451 | $260 | $65 | $954 | $59 |
|---|---|---|---|---|

**KINSHIP CARE PAYMENT ALLOWANCE**

| 0 through 12 years of age | $400 per Child |
|---|---|
| 13 years of age or older | $462 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.

**II. GROSS EARNED INCOME**

| | Person #1 | Person #2 |
|---|---|---|
| Individual Gross Earned Income | | |

Total Gross Earned Income _____
(Transfer amount to Gross Earnings line of Table IV, V & VI)

Unearned Income Type _____

Unearned Income Type _____

Unearned Income Type _____

Unearned Income Type _____

Total Unearned Income .............. _____
(Transfer amount to Unearned Income line of Table IV, V & VI)

**IV. 130% FPL Eligibility Determination**

Gross Earnings
(From first line of Table II) _____

Unearned Income
(From last line of Table III) + _____

Total Income: _____
(Transfer amount to Table VII for Overpayment Calculation)

130% Poverty Level _____

☐ Eligible (Proceed to Part V)
☐ Ineligible The budget ends here unless the income decreased in the budget month or the next month.

**V. Initial Disregard Determination**

| | Person #1 | Person #2 |
|---|---|---|
| Gross Earnings: (From Table II) | _____ | _____ |
| 20% Gross Earnings: Or | _____ | _____ |
| $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)

☐ Eligible    ☐ Ineligible

**VI. Net Income Determination**

| | Person #1 | Person #2 |
|---|---|---|
| Gross Earnings: | _____ | _____ |
| Person #1 Disregard % ____ − | _____ | |
| Person #2 Disregard % ____ OR | | − _____ |
| $90/20% Work Expense − | _____ | − _____ |
| Subtotal: = | _____ | = _____ |

| Total Income after Disregards: | − _____ |
|---|---|
| Child Care Expense: | − _____ |
| Net Earned Income: | = _____ |
| Total Unearned Income: | + _____ |
| Total Net Income: | = _____ |

**VII. Final Grant Determination**

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.

If there is not an Overpayment or an IPV disqualification, this is the final benefit amount. Budget this amount to SNAP.
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.
**\*\*\*\*\*\*\*\*\***

2a. If household has an overpayment:

Determine overpayment deduction.

Total Income from Table IV _____

Net Grant from 1 above: + _____

Total: = _____

Non-IPV Overpayment (10% reduction)

Total x .10 = − _____

OR

IPV Overpayment (20% reduction)

Total x .20 = − _____

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. = _____
(Enter this amount in #3 below.)

**\*\*\*\*\*\*\*\*\***

3. Final Grant Determination

Enter grant amount from Section VII 1 or 2a above: _____

Subtract the IPV pro-rata deduction − *_____

Final Grant Amount = _____

*In cases where an IPV disqualification is imposed, the gross TANF grant prior to the pro-rata deduction is budgeted for SNAP.

**Intake Budget:**
App Date: _____    30th Day: _____
Date Approved: _____    Benefit Month: _____
Benefit Amount: _____
**RD Budget:**
Date RD Completed: _____
Does this budget computation impact the SNAP case?  ☐ YES  ☐ NO
If YES, benefit month to be updated: _____

Best Estimate – Income factoring method for income received monthly, twice per month, weekly, bi-weekly, annually, quarterly, etc. (Check one of the following)

☐ x1    ☐ x2    ☐ x2.15
☐ x4.3  ☐ Annualized  ☐ Other

Budgeting policy can be found in the Eligibility and Payments Manual Section A-600.

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**TANF BUDGETING STEPS**
**Part C**

NEVADA STATE DIVISON OF WELFARE AND SUPPORTIVE SERVICES

**TANF STEPPARENT/RESPONSIBLE PARENT/TEMPORARY RESIDENT PARENT**

**DEEMING BUDGET**

| | | | | |
|---|---|---|---|---|
| Case Name | Case Number | Date | Income Month | Grant Month |

☐ Intake Budget  ☐ Ongoing Budget  ☐ O/P Budget  ☐ Other

Case Manager

### STEPPARENT OR RESPONSIBLE PARENT'S EARNED INCOME

1. Gross earnings or net self-employment income.......................... _____

2. Less
   Work Expense.......................................... −_____

3. **TOTAL NET EARNED INCOME**............. _____

### STEPPARENT OR RESPONSIBLE PARENT'S UNEARNED INCOME

4. UIB .................................................. _____

5. Social Security ...................................... _____

6. Value of Subsidized Housing
   ($76 maximum)...................................... _____

7. Other _____ ............................... _____
              (Type)

8. **TOTAL NET UNEARNED INCOME** ...... _____

### TOTAL NET INCOME

9. Total Income (sum items 3 & 8) .................... _____

10. Less Need Standard (1)................................ −_____

11. Less Support (2)...................................... −_____

12. **NET DEEMABLE INCOME** (Transfer
    to TANF/CHAP Budget - Form 2183) .......... _____

| NUMBER OF PERSONS | 100% NEED STANDARD |
|---|---|
| 1 | $ 743 |
| 2 | 1,001 |
| 3 | 1,260 |
| 4 | 1,519 |
| 5 | 1,778 |
| 6 | 2,036 |

*ADD $260 FOR EACH ADDITIONAL PERSON*

(1) Enter the need standard for the number of persons in the stepparent's or responsible parent's home (including the stepparent/parents) who are not included in the TANF assistance unit and are claimed by the stepparent/parent as dependents for Federal Income Tax purposes. Include persons who do not meet TANF citizenship requirements. Do not include SSI recipients.

(2) Disregard amounts actually paid by the stepparent/parent to persons not living in the home who are claimed by the stepparent/parent for Federal Income Tax purposes AND payments made by stepparents/parents for alimony or child support.

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**Part C**

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