

# 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 <b>greater</b> than 130% of poverty.	Case is ineligible for cash benefits. The budget ends here.
	If the Total Income is <b>less</b> than the 130% of poverty.	Go to Step 3.
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). <b>Note:</b> This step determines eligibility for earned income disregards.	Compare to 100 % Need Standard for family size for application month.	
	<b>If...</b>	<b>Then...</b>
	The net income is <b>more</b> than the 100% need standard.	Case is ineligible and the TANF budget ends here.
The net income is <b>less</b> than the 100% need standard.	The individual is entitled to the disregard (if not previously exhausted) on the <b>first cash month</b> . (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.	

**TANF TANF TANF**

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

Case Name: _____					<b>IV. 130% FPL Eligibility Determination</b>					<b>VII. Final Grant Determination</b>				
Case Number: _____					Gross Earnings (From first line of Table II) _____					<b>1. Determine benefit.</b> Payment Allowance for Household Size: (From Table I) _____				
Worker Sign: _____					Unearned Income (From last line of Table III) _____					<b>OR</b>				
Date Completed: _____					Total Income: (Transfer amount to Table VII for Overpayment Calculation) _____					Non-Relative Caretaker Allowance: (From Table I) _____				
TANF		TANF NNRC RELATIVE CARE			130% Poverty Level _____					Total Net Income: (From last line of Table V) _____				
P E R S	130% OF POVERTY	100% NEED STANDARD	PAYMENT ALLOWANCE	275% OF POVERTY	<input type="checkbox"/> Eligible (Proceed to Part V) <input type="checkbox"/> Ineligible The budget ends here unless the income decreased in the budget month or the next month.					Benefit Amount: (Based on the nearest Whole Dollar <48 or ≥ 30) _____				
1	1,275	736	253	2697	<b>V. Initial Disregard Determination</b>					Note: Anticipated budgeting may vary from manual budget results by \$1.00.				
2	1726	896	318	3651	Gross Earnings: _____					(If there is net an Overpayment or an IPV disqualification, this is the final benefit amount. Budget this amount to SNAP.)				
3	2176	1256	383	4604	20% Gross Earnings: _____					(If there is an Overpayment or IPV disqualification, proceed to 4b below for the calculation of the overpayment deduction or #2b for the IPV pro-rata amount.)				
4	2627	1516	448	5557	\$90 Work Expense: _____					*****				
5	3078	1776	513	6511	Total Expense Amount Allowed: (Transfer to Table VI on the Table V disregard line when the disregard has ended and on initial month determination)					<b>2a. If household has an overpayment:</b>				
6	3528	2036	578	7464	Total after 20%/90 Expense: _____					Determine overpayment deduction.				
7	3979	2296	643	8417	Total Net Earned Income: _____					Total Income from Table IV _____				
8	4430	2556	708	9371	Total Unearned Income: _____					Net Grant from 1 above: _____				
NOTE: For each additional person, add the following amounts to the figures in PERSONS #:					Total Individual Net Income: _____					Total: _____				
\$451	\$260	\$65	\$954	\$59	Total Combined Net Income: _____					Non-IPV Overpayment (10% reduction)				
KINSHIP CARE PAYMENT ALLOWANCE					TANF - Compare to 100% Need Standard for appropriate family size for application month.					Total x .10 = _____				
0 through 12 years of age \$400 per Child					<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible					OR				
13 years of age or older \$462 per Child					<b>VI. Net Income Determination</b>					IPV Overpayment (20% reduction)				
NOTE: Only siblings (including legally adopted, step and half brothers and sisters) shall be considered in one assistance unit.					Gross Earnings: _____					Total x .20 = _____				
Exception: When the only child in a Kinship Care case is 0-12, the Payment Allowance of \$417 for one child is considered.					Person #1 Disregard % _____					Grant Amount after Overpayment Deduction: _____				
<b>II. GROSS EARNED INCOME</b>					Person #2 Disregard % _____					(If there are no IPV disqualifications, enter the total grant amount in #5 below, otherwise, continue on to 2b if any household member is disqualified due to an IPV)				
Individual Gross Earned Income _____					\$90/20% Work Expense: _____					<b>2b. If any household member is disqualified due to an IPV.</b>				
Total Gross Earned Income _____					Subtotal: _____					Determine the pro-rata deduction.				
Unearned Income Type _____					Total Income after Disregards: _____					1. Grant from Section VII #1 above: _____				
Unearned Income Type _____					Child Care Expense: _____					2. TANF Household Size: _____				
Unearned Income Type _____					Net Earned Income: _____					3. Divide the grant from #1 by the TANF household size in #2.				
Unearned Income Type _____					Total Unearned Income: _____					(Enter this amount in #3 below.)				
Total Unearned Income _____					Total Net Income: _____					*****				
(Transfer amount to Unearned Income line of Table IV, V & VI)					Total Net Income: _____					<b>3. Final Grant Determination</b>				
										Enter grant amount from Section VII I 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.				

  

<b>Intake Budget:</b> App Date: _____ 30 <sup>th</sup> Day: _____ Date Approved: _____ Benefit Month: _____ Benefit Amount: _____ <b>RD Budget:</b> Date RD Completed: _____ Does this budget computation impact the SNAP case? <input type="checkbox"/> YES <input type="checkbox"/> 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) <input type="checkbox"/> x1 <input type="checkbox"/> x2 <input type="checkbox"/> x2.15 <input type="checkbox"/> x4.3 <input type="checkbox"/> Annualized <input type="checkbox"/> Other  Budgeting policy can be found in the Eligibility and Payments Manual Section A-600.
--	--

2103-983A (04/15)

NEVADA STATE DIVISION 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**.....

NUMBER OF PERSONS	100% NEED STANDARD
1	\$ 736
2	996
3	1,256
4	1,516
5	1,776
6	2,036

**ADD \$260 FOR EACH ADDITIONAL PERSON**

**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**.....

- (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.

**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).....