

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	\$ 718
2	969
3	1,221
4	1,472
5	1,723
6	1,974

*ADD \$251 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)..... \_\_\_\_\_